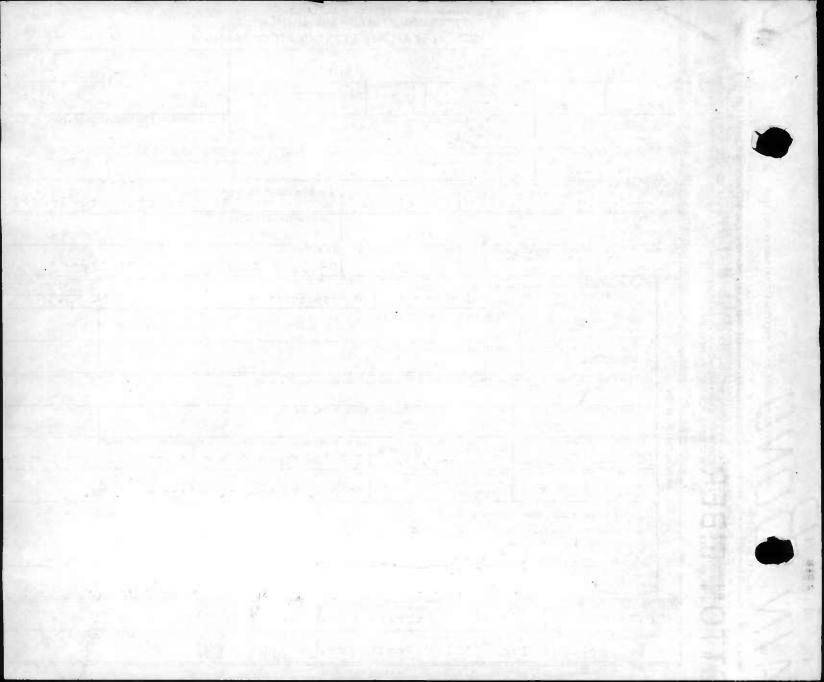
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	EXECUTE THE CERTIFICATE, WRITH THE PAGE 4 SHOULD BE FORWARDED FOR PAGE 3 A SHOULD BE FORWARDED FOR FORTH WITH THE STATE DE BARTIMORE, MARYLAND, 21201 P		EXAMINER'S	NAME A	M Dive	- 11	D			111	Donn C+	Dal+		/d 2	1201	- 4
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(VR A15 ME (5))	Wn	n C Ma	arch F/H	Inc. I	101	E Nort	h A	ve.	APF	R 2.9 1983	000	~~~			



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then pleass remove carbango with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remov

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Ø	1 -	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 3	10 %	2 4 0
		CEASED NAME FIRST TO H	N R	SKIPPER	20 DATE OF DEATH	MONTH DAY YEAR	
	3. SE	MALE	4 RACE WHITE	S. DATE OF BIRTH MONTH DAY YEAR YEAR YEAR	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YE MONTHS DATE YRS.	AR IF UNDER 24 HRS
35		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		ORE CITY	MI
0	10 C	BALTIMORE	11. NAME OF HOSPITAL, NURSIN		12a USUAL OCCUPATION OF OF WORK FOR MOST OF	OF WORKING LIFE) INDUST	OF BUSINESS OR
25	USU. 130, S	AL RESIDENCE (IF NURSING MOMENTS) STATE	THER INSTITUTION GIVE RESIDENCE BEFORE 13 (. CITY OR TOWN CATONSV)		13e. STREET ADDRESS	SY3H ANNE	ST. 2122
30	14. FA	ROGER	SKIPPEN	15 MOTHER'S MAIDEN NAM	MIDDLE	PARWAS	IAST
2			MED FORCES? 166 SOCIAL SECU (E WAR OR DATES)	17 INFORMANT NANCY SI	KIPPER OL	UEEN ANI	YE ST.
		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate 'cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) (c)	SPIRATORY A	ARTERY	HEMORKIAGE IG ANEURYAM	6 DAYS
2	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED
29	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF ETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORE AT WORE AT WORE AT WORE	HOUR A.M. MONTH DA	19 211. LOCATION	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR PART 2	STATE
		saw the deceased alive an above, (I) (we/Idid) (did no 276. SIGNATURE	we the body offer death.	DEGREE ATTENDING PHYSICIAN	, to death occurred on the di	FF & INC. DA	e, that (I) (we) last the causes stated
<u> </u>		SAMPSON KY	- 3	220. ADDRESS 900 S. Cat	on Ave. Bal	timore, Md.	21229

BURIAL	4/6/83	MEAPOWRIP		OWARD	COUNTY	19	D
14 FUNERAL DIRECTOR NAME NAME NAME NAME NAME NAME NAME NAME	HOME EDI	ADDRESS 5311	APR 6	BY REGISTRAR 25 REGI	STRAR'S SIGNATUI	RE	1

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC NO					

1 -	REGISTRAR				CERTIF	CATE OF D	EATH	R	EG. NO.	,	9	100	
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3. SEX	Male	4 RACI	White		5. DATE C		YEAR 33	AGE (IN YEARS	LAST BIRTHDA	YRS.	MONTHS DA		DER 24 HRS.
	THPLACE (STATE OR FOREN	GN 76 CITI	IZEN OF WHAT	COUNTRY?	8.	NEVER A	ARRIED -	BALTIMORE	CITY OR C		OF DEATH		
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+3a. S	L RESIDENCE (IF NORSING		ISTITUTION GIVE RES	TY OR TOWN	DMISSION)	13d. INSIDE C YES 🔣	TY LIMITS?	3e. STREET ADD 2143 Ha		Ave		2123	
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	(AS DECEASED EVER IN L ES. NO OR UNKNOWN) (IF	J.S. ARMED FO YES GIVE WAR OF Korea		5 30 5	238	Larry	D. Rowe		ADDRESS McDov	vell	Lane	212	27
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	22a. I certify that (b) (this saw the deceased a above, (b) (we) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME R RV CE	B &			2, or	DEGREE	S LOCT	MEDICAL DIRECTOR DI	STAFF PHYSICIAL	and hou	_	,,	
	URIAL, CREMATION, REA SPECIFY) Burial		DATE /5/83			emetery or or or idge		23d. LOCATIO		Нс	ward	Mary	land

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Permit the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo

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IMPORTANT: If them 21 is marked or them 18 shaws

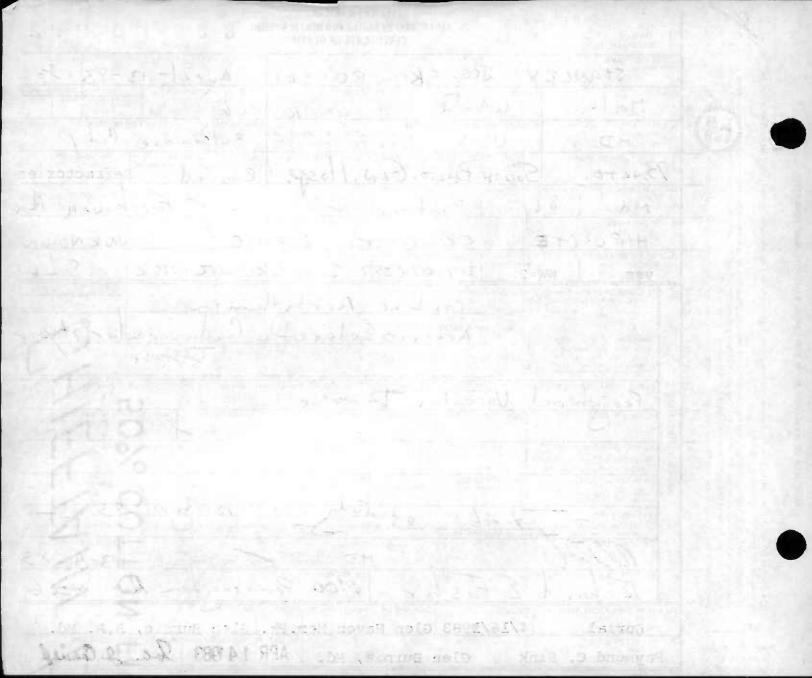
24 FUNERAL DIRECTOR 21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health and Mental Hygiene prior to burial, crematian, ar remaval.

	1			STAT	E OF MARYLAND						
	1.	FOR STATE REGISTRAR		DEPARTMENT OF I	HEALTH AND MEN		8 3 REG. NO	1 0) 2	4 2	,
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must be	13a.	AL RESIDENCE (IF NURSING HOME STATE 13b. CO	UNITY 13c. CIT	ORTOWN	134 INSIDE CITY	C andrew	STREET ADDRESS	Fairh	avel	Nee!	10
nine	14. FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MA	AIDEN NAME	WIDDLE		LAST		
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or ather traumatic event		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU 4292 IMMEDI Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	SED BY: IATE CAUSE (o)	ardiac consequence of rterio	Sclor	of the	Cardio	vas cel	a	te interval set and death	
, Kunlui	NO	PART 2 OTHER SIGNIFICAN	1 1/	Lee V	FSEE S	THE TERMINAL	DISEASE OR CONT	DITION GIVEN IN	PART 1(o		
no swo	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION	ON WAS PERFORME		ES NO	20b. IF YES, WEF IN CERTIFYING YES [CAUSES OF	S USED F DEATH? NO	
lem 18 sh	EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MO	ONTH DAY YEAR	21c. HOW INJUR	Y OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 C	R PART 2)		
morked or Item 18 shaws	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJU (AT HOME, STREET, FACTO	IRY ORY, OFFICE FARM ETC.)	21f. LOCATION STREET		CITY OR TOV	NN / C	YIMUC	STATE	
21 is		226.1 certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did	01 - 40 -	19 83 0	and that in (my)	9_73 repinion death	occurred on the do	and hour and		ot <u>(1)</u> (we) l o uses stoted	ast
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≤		BURIAL, CREMATION, REMOVA			CEMETERY OR CREA		3d. LOC TOWN	COU	NTY	STATE	
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1/82		UNERAL DIRECTOR Raymond C. F		Len Burni			1 4 1983	256 GISTRAR'S	SIGNATUR S. Ca	wiel	



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		CEASED NAME FIRST	A LBERT S	SKRZESZ SR.	20. DATE OF DEATH MONTH DA 4 - 16 6. AGE (IN YEARS LAST BIRTHDAY)	1 83 . 35
			CAUCASIAN	02 - 08 - 26	57 YRS.	ONTHS DAYS HOURS MIN
35		RTHPLACE (STATE OR FOREIGN COUNTRY)	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF	OF DEATH
13	10. C	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A SOUTH BAKTIMOS		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) SELF-EMPLOYED	126. KIND OF BUSINESS OF INDUSTRY
35	13a. S	AL RESIDENCE IF NURSING HOME OR ISTATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 131, CITY OR TOWN BALTIMO	N 13d. INSIDE CITY-LIMITS?	134. STREET ADDRESS LEO S	STREET 2122
Selection of the select	14. F7	THER'S NAME FIRST	A SKRZEST	15. MOTHER'S MAIDEN NA FIRST PREST		TYSKA
medica		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE WES KOR	WAR OR DATES!		ADDRESS SKRZESZ SAME	AS # 13
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troumotic		Conditions, if ony, which gove rise to immediate)	vyngeal care	woma	304 * *
, or other		cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE	NCE OF	MINAL DISEASE OR CONDITION GIVE	N IN PART 1/0
ony injury, or	CERTIFICATION	196. DATE OF OPERATION		OPERATION WAS PERFORMED		WERE FINDINGS USED
- Long	TIFIC				YES NO YES	ING CAUSES OF DEATH?
00		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	IT I OR PART 2)
morked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo		220.1 certify that (1) this hospit sow the deceased alive an above, (1) (we) (did) (did not	ol) oftended the deceased from	3 ond that in (my) (our) opinion	deoth occurred on the date and hour	that (I) (we) library the causes stated
VI: If Hem		226. SIGNATURE	17 Bayun	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	4/14/83
MPOKIANI:		PAymenD	FIBAYEALL	220 ADDRESS 30 N 1 - 5	Manaver St	- Baltimo
\$		Burial, CREMATION, REMOVAL	23b. DATE 4/18/1983 Ho	AME OF CEMETERY OR CREMATORY Ly (noss (emetery	Baltimone A. A.	COUNTY Md. STATE
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5	A SEE SEE	1 SEX	4. RA	Fred	5. DATE OF BIRTH	J.	6 AGE (IN YE		ack	F UNDER 24		MATED L	7/60/		AR 2d HQI
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	AY IS PAGE SPILED		Baltimore		(IF NOT IN SUCH FAC	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Rear of 817 N. Calvert St			ON I	2a USUAL OCCU FOR MOST OF WO	JPATION (TYP ORKING LIFE)	E OF WORK 12	N 126 KIND OF BUSINESS OR INDUSTRY Sun Papers		
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ORI	20230	16a. W	Joseph AS DECEASED EVE	ER IN U.S. ARA	M • AED FORCES?		IAL SEGURIT	Y NO.	17. INFORMA		 	ADDRESS		2123	
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ITAL REC	CHIEF MED CHIEF MED CHIEF MED CHEF AED OF HEALT	CERTIFICATION	19a. DATE OF OPE	RATION	196 CONDIT	ION FOR V	VHICH OPER	ATION W	AS PERFORM	ED?				20 AUTOP	
ON OF V	CERTIFICATE SHOULD SITING THE WORD "PER DOED TO THE CHIEF M BE 3 SHOULD BE USED A E DEPARTMENT OF HEAD OF PRORTO BURNAL, C	CAL CER	210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR		MONTH	DAY YEAR 25/1983	Ing	ested		ENTER NATURE OF II	NJURY IN ITEM 18	PART 1 OR PART 2	2)	
DIVISI	SIGE COLOR	MEDICAL	21d. INJURY OCCU WHILE DO AT WORK AT		2Te PLACE C STREET, FACT aut	ORY FARM ST	(AT HOME,		reet of (817 N.	, Calver	₹"St.	Bafti	more	City
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWAY TO FUNERAL DIRECTOR: PARAFIRE DEATH, WITH THE STAR BALTIMORE, MARYLAND, 21;	/	death resulted for ACTUAL SIGNATURE	Natur NE Den	e af the remains desc al causes nis F. Sm	Accident	□, s ₀ M. M.		Hamicid TITLE (SPE D. ASSI:	stant	Undetermined n _MEDICAL EXA Penn St.	manner,	DATE SIGNED.	4/2	25/83 201
	RP\$ /3	23a. Bl (5	JRIAL, CREMATION PECIFY) Buris		3b. DATE Apr 28 19				emeter	y	23d LOCATION CITY OR TOWN Balti	more	COUNTY	arylaı	STATE nd
	DHMH - 17 (VR AT5 ME (5))	24 FU	NERAL DIRECTOR Leonard		k, Inc.				25	o. DATE REC	2 6 1983				ef

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PARTY CIG-12-130 Lorettey F. Black Sink Cortagn Delve

Bounged W. ouck, Inc. Baltimore, Maryland A. C.

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STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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J	l i	REGISTRAR			CERTIF	ICAIE OF DEATH	REG. N	0.			
1		EASED NAME FIRST		MIDDLE	· ·	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOL	
1	(ITPE	EMILY		1	3	MALLS		4 26	1983	40	PM
1	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST 81	RTHDAY) IF L	JNDER I YEAR	IF UNDER	
		1-EMALE	5	LACK	MONTH	23 1942	40	YRS. MON	THS DAYS	HOURS	MIN.
		THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY OF	DEATH		
71	3	OUTH CAROLINA	. 1	13A	WIDOWE		DALTIM	ORE	Cir	Y	MD.
5	10. CIT	Y OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND C	F BUSINI	ESS OR
	Ва	altimore	WIVER	SITY OF	MARY	LAND HOSP.	NUEMPA	DYED	II O O O I KI		
-	JUSUA 13a. S	L RESIDENCE (IF NURSING HOME OR		GIVE RESIDENCE BEFORE		1136. INSIDE CITY LIMITS?	13s. STREET ADDRESS		212	15	7).
	1	YARYLAUD		BALTIMO		YES NO	3442 K	EISTER	3704	UN	KD
	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		AS	T.	
K.	2	Solomon		Robinso	n	Ada,			Sma1	18	
		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS			
	(4)	NO	E WAR ON DATES	169 368	184	Robinsena	Lewis 344	2 Reis	tert	own	Rd.
		18 CAUSE OF DEATH (Enter on	ly one couse per	line for (o), (b), and	d (c).i	9-	1	0	BETWEEN	IMATE INTE	RVAL
		PART I. DE ATH WAS CAUSE IMMEDIAT	D BY: E CAUSE (a)	LEFT VEN	UTRIC	ULAR FAIL	URE SIP	CORO.			
		4100		R AS A CONSEQUE	NCE OF A	UARY ARTERY	BYPASH	AND			
	ΙI	Conditions, if any, which	((b)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Dezrazione	- C 1/0-	n Intel	0		
		gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUE	NCE OF	722011010	OF DEN	7210000	1		300
1		underlying cause last.	(c)	A A CONSEQUE		HNEURYSM					
		PART 2. OTHER SIGNIFICANT	ONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	O 1	
	o No										
)	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W			
	E	4/26/.83	COL	ZONARY	HRTE	ERY CREWSIA	YES NO	YES []	NO [
1		210. ACCIDENT WAS UNDERLYING	216. TIME C	F INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	1 OR PART 2)		
-	SAL S	OR CONTRIBUTING [CAUSE OF DEA	114	м.	19						
	MEDICAL	21d. INJURY OCCURRED		OF INJURY	APM FTC)	211. LOCATION STREET	CITY OR TO	DWN	COUNTY		STATE
	2	AT WORK NOT WHILE									THE P
Ę		220.1 certify that (1) (this hospi		4	4-1	25 , 19 23		22 19.	83	thot (I) (we) last
		sow the deceased alive on above, (1) (we) (did) (did no	t) view the body		01	nd that in (my) (aur) opinion	deoth occurred on the o	late and hour or	nd from the	couses st	oted
		22b. SIGNATURE	-	15		DEGREE			22c. DATE	SIGNED	/
			LL	- Ku	X	MB ATTENDING PHYSICIAN	MEDICAL STA		4/2	26/1	?3
i		22d. PHYSICIAIN'S NAME (TYPE C	Remody		1	22e. ADDRESS	11		11	2	
		MLEXIS	MBRI	4		UNIVERSITY	OR MAK	RYLAND	1400	SP17	AL
. 1		URIAL, CREMATION, REMOVAL	23b. DATE		AME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY		STATE
	F	BURIAL	4/29/	83 M	ount	Auburn Cem	. Baltim	ore		Md.	JIA16

DHMH - 16 50M 4/82

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or ottending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If them 21 is marked or frem 18 shows any injury, or other troumotic event, the medical

24 FUNERAL DIRECTOR CMME March F/H Inc. 1101 E North Ave. (VRA 15, 4)

APR 28 1983

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1. 18 12 E 1983 | June 1983 |

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and campletely filled in by

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cai should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYL	AND
DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF I	DEATH

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8	. 7		0	73	19	
0	3	- 6	U	Sicoli .	Circle 1	
	DEC NO					

	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1049
	CEASED NAME FIRST AUDI	DEN WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOU
3. SEX		1. RACE	S. DATE OF BIRTH	6, AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR OF UNDER
J. 5E/	^ <u>~</u>	9. RACE	MONTH DAY A YEAR	O. AGE (IN TEARS LAST BIRTHDAT)	MONTHS DAYS HOURS
7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR COUN	
(COUNTRY) MD.	USA	MARRIED WEVER MARRIED WIDOWED DIVORCED	BALTO.	CITT
10. CI	BALTO.	11. NAME OF HOSPITAL, NURSI INOT IN SUCH FACILITY, GIVE STREE ALTO.	ING HOME OR OTHER INSTITUTION IT ADDRESS) 1405P	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) 12b. KIND OF BUSINE INDUSTRY
13a. S	AL RESIDENCE (IF NURSING HO OR STATE B		WN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	MPSHIRE A
14. FA	ATHER'S NAME FIRST THOMA	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME MIDDLE	UNG LAST
		MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
	NO	21424	-1659 BLEN	SMITH	ABOVE
		DUE TO, OR AS A CONSEQU			
NO	couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C	(c)	<u>DEATH</u> BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION (GIVEN IN PART 110
TIFICATION	underlying couse lost.	ONDITIONS CONTRIBUTING TO		200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEAT
CAL CERTIFICATION	underlying cause last. PART 2. OTHER SIGNIFICANT C	19b. CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEAT YES NO
MEDICAL CERTIFICATION	UNDERLYING COUSE TOST. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	19b. CONDITION FOR WHICH	D DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21f. LOCATION	200 AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEAT YES NO
	UNDERLYING COUSE TOST. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER; IF EITHER, NOTIFY MEDICAL EXAMINER; AT WORK AT WORK	19b. CONDITION FOR WHICH THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, tol) ottended 119 deceosed from the body offer death.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21f. LOCATION STREET 21f. LOCATION STREET DEGREE ATTENDING	200 AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED THEYING CAUSES OF DEAT YES NO COUNTY STORY OF THE STORY OF

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

etained by the haspital ar attending physician.

74 FUNERAL DIRECTOR

J.G. CONNELLY

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BY REGISTRAR PREGISTRAR'S SIGNATURE 1983

and the second of the second o BALLY STORY OF THE STORY OF THE STORY of the state of th THE PART OF THE PARTY OF THE PARTY. The second secon TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

etoined by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumatic event, the medico

	1-	FOR STATE REGISTRAR		DEPARTA	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH	0	3 REG. NO.	1 0	2	4	7
		CEASED NAME FIRST PRINT) BESS		WIDDLE	5	i. II.	26. DATE OF	DEATH MON	-16 - 8	YEAR 3	26. HOUR	20
1	3. SEX		4. RACE	./ / / /	5. DATE C	OF BIRTH	6 AGE (IN YE	ARS LAST BIRTHDAY		DER 1 YEAR	IF UNDER 2	24 HRS
1	ī	FEMALE	BLACE	7	7 MONTH	ol ol	80		YRS.	DAYS	HOURS	MIN.
		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.			RE CITY OR CO		DEATH		
4		IARYLAND	USA		WIDOWE	D NEVER MARRIED	BATIT	IMORE	CTTY			MD.
		TY OR TOWN OF DEATH	11. NAME OF		G HOME C	OR OTHER INSTITUTION	12ª USUAL C	OCCUPATION		b. KIND O	F BUSINES	
	I	BALTIMORE	DEA	ton Me	ADDRESS)	CENTER	RET.	TEACH		CITY	SCH	OOL
	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN			ADMISSION)	134 INSIDE CITY LIMITS?	130. STREET A		N AVI	ENUÉ	217	-16
9		THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME	WIDDLE		LAS	1	
u	٠	JOHN	WIDDLE	WILLIA	M	MAMII	\mathbf{E}	MIDDEL	V	TTAN	S	
		18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE	DUE TO, C	Or as a conseque	ENCE OF	A Mary SAVI	done	LTIMOR	DIN GIVEN IN	APPROXI BETWEEN (216 MATERITERI DINSET AND D	/AL DEATH
-	CERTIFICATION	19a. DATE OF OPERATION		HISON'S DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTO		LIF YES, WE			
Ž.	THE						YES 🗌	NO	YES [LAGGES	NO [
-		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	in .	DF INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NA	TURE OF INJURY IN	ITEM 18 PART I	OR PART 2}		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC }	21f. LOCATION STREET		CITY OR TOWN		COUNTY	\$1	ATE
		22a.1 certify that (1) (Mis hospi sow the deceased alive on above, (1) (we) (did) (did no 27b SIGNATURE		4/16 19		nd that in (mt) (our) opinior DEGREE ATTENDING PHYSICIAN	MEDICAL	d on the dote o	and hour and			
		22d. PHYSICIAN'S NAME (TYPE C	PRINT)	Miller	7	J.C.Deafor 1	red. (tr. 8	-314.	5).		

23c. NAME OF CEMETERY OR CREMATORY

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BP. DHMH - 16 50M 4/82 (VRA 15, 4)

page 3

th. Poge 4 may be

24 FUNERAL DIRECTOR ADDRESS 14011111

236. DATE 4/22/83

230 BURIAL, CREMATION, REMOVAL BURIAL

23d. LOCATION
CITY OF TOWN
BALTIMORE CO., MD.
EC'D. BY REGISTRAR 25B, REGISTRAR'S SIGNATURE

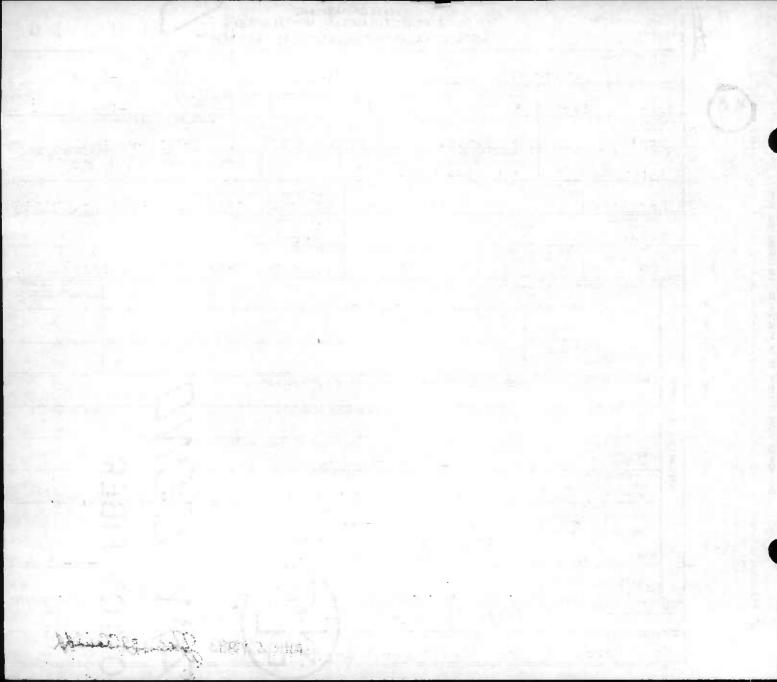
MEM. PARK BAR 250. DATE REC'D. BY APR 21

STATE

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	CORPLE VIEW CS: 0- /1-502		
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DHMH - 1 (VR A15 ME 20M 4/8

11		FOR		D	EPART	STATEMENT OF I		MARYLAN H AND ME		YGIENE	. 0	e 3	A	Ω
311		STATE REGISTRAR		MED	ICAL	EXAMIN	ER'S	CERTIFIC	CATEO	F DEATH REG. NO		Paren	Grand .	O
기		CEASED NAME	FIRST		WIDDLE			LAST		26. DATE KNOWN	MONTH	DAY	YEAR	2b. HOUR
	(111	CORPRINT	Chaur	ncev			S	mith		OF ESTI-	4-1	9 19	83	M
) SEX		4 RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YE			IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH	DAY		2d HOUR
	Ma	ile	Black	5 5	56	26 YF		DATS	HOOKS	DEAD	4-19	9 19	83	6:22
26	7a BI	RTHPLACE (ST	ATE OR	76. CITIZEN OF WH	AT COUN	VTRY?	8. MARR	RIED NEV	ER MARRII	ED XX 9 BALTIMORE CITY C	COUNT	Y OF DEA	TH	P . 2
9	Ma	rylan		U.S			WIDOV	WED [DIVORCE	Baltimo	ore C	i tv		MD.
10	D. CI	ITY OR TOWN	OF DEATH	11. NAME OF HOSE (IF NOT IN SUCH FACE			, OR OTH	HER INSTITUT	ION	126 USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	OF WORK	12b. KIND OR IN	OF BUS Dustr	INESS Y
00	FIELLA	Baltimo	re	OR OTHER INSTITUTION, GIV	rrol	Stree	t							
25		TATE	13b. COU			Y OR TOWN	ON)	13d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS				
50	-	Maryla	nd		В	altimo	re	YES X	NO []		apel	St.	2 1	213
210	14. FA	ATHER'S NAME FIRST		MIDDLE		LAST		15. MOTHE	R'S MAIDE RST	N NAME MIDDLE		LAST		
200	_	Balem	- F1/F0 11/1/0 - 1			nith	1110	Be 17 INFORM	rnic	e ADDRESS				
1		ES, NO, OR UNKNO	DEVER IN U.S. AF	E WAR OR DATES)	166 50	CIAL SECURIT	T NU.					0.1	,	0.
		NO				N/A		Bern	adin	e Smith 1830	N. (Chap	e.i	St.
MOVAL.		966	ATH WAS CAUSE	DUE TO, OR	tab	WOUND ANSEQUENCE (of c	hest						AND DEATH
OR RE		gave ris	is, if ony, which ie to immediate stating the <u>under</u>	e (b)	AS A CO	NSEQUENCE (OF.							
0				(c)										
CREMATION, OR REMOVAL	NO	PART 2 DINER SI	GNIFICANT CONDITION	CONTRIBUTING TO DEATH B	UT NOT REL	ATED TO THE TERM	INAL OISEA	SE OR CONDITION	GIVEN IN PAR	T l to				
	CERTIFICATION	190 DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPER	ATION V	VAS PERFORA	MED?			20 AUT	OPSY?	
5	TIFE												X	NO 🗌
270	I CE		L CAUSE WAS NOR NG CAUSE OF	21b. TIME OF HOUR A.M.	MONTH	DAY YEAR		OW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN ITEM TS	PART 1 OR PART	T 2}		
R	MEDICAL	21d. INJURY C		DEATH ? P.M.				ub ject	stab	in chest				
01 P	ME	WHILE -	NOT WHILE	STREET, FACTO	DRY, FARM,			STREET		CITY OR TOWN	cou			STATE
212		AT WORK	AT WORK	7 1	ome		1 14		rrol	Street, Baltimo	ore Ci	ity,	Md.	
ND,		220 I certif	y that I taak char	ge of the remains desc	ribed abo	ave, held on	Autap		Inspection	ı □, Inquiry □, an	d in my api	inian		
SYLA		death resulte	ed fraging Nati	and causes	Artident	L. Su	icide	, Homici	ide X.	Undetermined monner,				
E, MAR		ACTUAL SIGNATURE	New	uis OK	no	gunh	460	TITLE (SI		MEDICAL EXAMINER	DATE	4-20	-83	
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL		EXAMINER'S (TYPE OR PRIN		is F. Smyt	h, M	LD.		_ADDRESS	Ш	Penn Street, Ba	altimo	ore M	d.	
BA	(5	BURIA		^{23b. DATE} 4/26/83		NAME OF CEA Mount				23d LOCATION CHYORJOWN Baltimore	COUN		Md.	
7		UNERAL DIREC		ADDRESS					APR	EC'D. BY REGISTRAR 7% REGI	STRAP'S S	PATURI	4	
(5))	W	m C Ma	arch F/	H Inc 1	101	E Nor	ţh.	Ave.	, ,, ,,		_			



executed within 24 hours after death. Page 4

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician completely filled in by the funeral director s Frand 2 should be filed within 72 hours of

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	3	1	0	2	4	9
	DEC NO					

- STATE REGISTRAR		CERTIFICATE OF DEAT	REG. N	40.	
1. DECEASED NAME FIRST	WIDDIE	LAST	2a. DATE OF DEATH		2b. HOUR
Clyd	le	SMITH	Apı	il 30, 1983	10:15AM
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST B	IF UNDER 1 YEAR	
Male	Black		14 68	YRS.	
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRI WIDOWED DIVORCI	D 🗆	OR COUNTY OF DEATH	MD
CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Maryland General	ING HOME OR OTHER INSTITUTE		TION 126. KIND	OF BUSINESS OR
	E OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	_		07.000
4. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIL		brobe St.	AST
60 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) Unkn.	ARMED FORCES? 166 SOCIAL SEC		ADDI	RESS	
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE Abdominal NT CONDITIONS CONTRIBUTING TO	uence of Dry Arrest UENCE OF Distension (Int		NDITION GIVEN IN PART 206. IF YES, WERE FIND IN CERTIFYING CAUSI	DINGS USED
4/18/83	Small Bowel Ol	bstruction	YES NO	YES 🗌	NO []
OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMPLE) 216. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220. Certify thot (1) (this he	DEATH HOUR A.M. MONTH (P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE aspital) attended the deceased from	DAY YEAR 19 21f. LOCATION STREET January 23 19	OCCURRED (ENTERNATURE OF INJ		STATE _, thatX() (we) last
saw the deceased alive above All (we) (did) (did THI SIGNATURE	April 30 No view the body after death. No. Pro-	DEGREE ATTEN PHYSE			te SIGNED
Michael Brow 3a. BURIAL, CREMATION, REMOV	/AL 236. DATE 23c	270 ADDRESS C/O Maryl NAME OF CEMETERY OR CREMA	and General Ho	ospital county	STATE
Removal Removal A FUNERAL DIRECTOR NAME Anatomy	Board ADDRESS	Balto., Md.	DATE REC'D, BY REGISTRA MAY 1 1 198	R 256 REGISTRAR'S SIGN	ature Cahulf

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashoold be detached for use as the burial-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If them 21 is marked or them 18 shows any injury, ar ather troumatic event, the

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April 20, 1012 10 152	477.002	5013
raltimore city		
	latingon ferous boolers	
	Cardiac Arment Resultratory Arment	
(with the	Abdominal Datemaion (Inc.	
	Small Boyel Obstruction	4/18/43
A CU T DE LIMBE ES	CC presents of limbers of	x
5/1/83		
Last Concess Last one Date of	see the second	M.chaol srows

AND CONTROL

STATE OF MARYLAND

HYGIENE

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FOR	DEPART	MENT OF HEALTH AND MENTAL	
STATE			
REGISTRAR		CERTIFICATE OF DEATH	
EASED NAME (INC.	ANDOLE.	IAST	

U	U	
	REG. NO.	

REGISTRAR		CERTIFICATE OF DEATH	REG. N	10.			
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR	
(TYPE OR PRINT) ETTA		SMITH		4 19	83		м
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BE		FUNDER 1 YEAR	IF UNDER 24 HI	_
FEMALE	BLACK	8 10 190	3 79	YRS.	ONTHS DAYS	HOURS MI	N.
TO BIRTHPLACE (STATE OR FOREIGN	75. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. BALTIMORE CITY		OF DEATH		
MARYLAND	U.S.	WIDOWED DIVORCED	- BΔ1.1	O. CITY	Y		MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		120. USUAL OCCUPAT			F BUSINESS	OR
BALTO. CITY	1909 W. MULBEI		MACHINE O			RETIRE	ED
USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 13b, COL	DR OTHER INSTITUTION, GIVE RESIDENCE BEFORE		TS? 13e. STREET ADDRESS			100	
MD.	BALTO			ULBERRY	Y ST.	21223	3
14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDE	N NAME '		LAS	1	
CHARLES	STERN	EMMAL			ADAN		
160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDR	ESS			-
NO	212-10-88	DOROTHY	LEGGETT 190	9 W. M	JLBERRY	ST.	
18. CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), on	d (c).)			APPROX BETWEEN	MATE INTERVAL	TH.
PART I. DEATH WAS CAUS	ATE CAUSE (0) CHRI						
4360		INCE OF					
Conditions, if any, which	DUE TO, OR AS A CONSEQUE	VCS					
gove rise to immediate cause (a), stating the	(0)						
underlying cause last.	DUE TO, OR AS A CONSEOU	silateral CV	4 .		1		
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			DITION GIVE	N IN PART 10	D '	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED	_
TIE TE			YES NO	YES	ING CAUSES	NO [
21a. ACCIDENT WAS UNDERLYING		AY YEAR 216 HOW INJURY O	CCURRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	RT 1 OR PART 2)		
OR CONTRIBUTING CAUSE OF D	CAIR	19					
(IF EITHER NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY	218. LOCATION	CITY OR TO	OWN	COUNTY	STATE	_
WHILE D NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC) SINEET		,,,,,			
220.1 certify that (I) (this has	pital) attended the deceased from_	, 19	, to	1	9	that (1) (we) l	lost
sow the deceased alive a	on19	, and that in (my) (aur) or	pinion death occurred on the c	late and hour	and from the	couses stated	
226. SIGNATURE	A A ·	DEGREE			22c. DATE	SIGNED	
D. Sham	Budden	M. D ATTENDE	ING MEDICAL STA		4/:	21/83	3
22d. PHYSICIAN'S NAME (TYPE		220. ADDRESS	SECOURS	HOSE	ITAI		
D. SHAM	ISUDDIN	8010	3000103	11030	1 1 AC		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hou with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather troumatic event, the medical examiner must be routlied at once. 230. BURIAL, CREMATION, REMOVAL (SPECIFY) BP

231. NAME OF CEMETERY OR CREMATORY ARBURUS MEM. PK.

234. LOCATION
CITY OR TOWN
BALTIMORE MARYLAND
COUNTY
BALTIMORE MARYLAND
COLUMN COUNTY
COLUMN COLUMN COUNTY
COLUMN COUNTY
COLUMN COUNTY
COLUMN COUNTY
COLUMN COLUMN COUNTY

STATE

BURIAL

24 FUNERAL DIRECTOR
BROWN/THOMPSON

23b. DATE

4/23/83

1913 W. BALTO. ST.

DHMH - 16 50M 4/82 (VRA 15, 4)

attending physicia

TO HOSPITAL OR

NAME OF STREET	The same time and the same			
	NVO WAS			
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		/ TU LABLE	SANGETY S. S. L.	
ATTIGENT AC		1 Lighter		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the buriolytransit permit. Then please remove corbangopers. Pages I and 2 should be fined by with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, ar other troumotic event, the

IMPORTANT; If Hem 21 is marked or Hem 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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i.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL P CERTIFICATE OF DEATH	IYGIENE 8 3	10	251
	CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
LIVE	OR PRINT)	EMM BORDON	SMTTH	APRIL 16	1983	07:32AN
3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	HDAY) IF UNDER TYE	AR IF UNDER 24 HRS
	M	W	MONTH /28/18 YEAR	64	YRS.	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIED THEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
	MP	USA	WIDOWED DIVORCED	BALTIMO	RE CITY	MD.
10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION		D OF BUSINESS OR
BA	ALTIMORE	THE JOHNS HO	PKINS HOSPITAL	MILLWRIE		
13a. S	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION) OWN 113d. INSIDE CITY LIMITS	? 13e. STREET ADDRESS	2	1220
	MD. BA		RIVER YES NO 19		AWTHORN	10
14. FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME		LAST
1	WILLIAM	SMITH	MARK	C00 P	ER	
	WAS DECEASED EVER IN U.S. A	THE WAR OR DATEST		ADDRE	SS	
	VAK W	W F 2150:	33660 FREDA	5MITH	A BOI	
	18 CAUSE OF DEATH (Enter of	only ane cause per line far (a), (b),	and (çt.)		APP BET WE	POXIMATE INTERVAL
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a) Car	dia - Risperator	of arrec	7	
	4160	DUE TO, OR AS A CONSEC	DUENCE OF .	1		
	Conditions, if any, which	(b) ASPVI	, alute reval	facture		
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	NIENCE OF	0		
	underlying cause last.	DUE 10, OR AS A CONSEC	JOENCE OF			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN PART	T Tro
N O		Renal Lailee	re, peripheral	rancelas	duran	e e
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	
作				YES NO	YES	NO [
1 8	21a. ACCIDENT WAS UNDERLYING	- 110110 4 44 44001711		CURRED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART 1 OR PART	2)
¥	OR CONTRIBUTING CAUSE OF D		19			
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TO	wn COUNTY	STATE
ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E FARM, ETC) STREET	CITY OR TO	WR COOKII	SIAIE
		pital) attended the deceased from	n 4/09 19	73 to 4/14	19 83	_, that (I) (we) lost
	saw the deceased alive o	on 4/16 19	(3 (2)	ion death occurred an the do	ate and haur and fram	the causes stated
	22b. SIGNATURE	not) view the body ofter death.	DEGREE		22c. D/	ATE, SIGNED
	74.	Collins	MD ATTENDING PHYSICIAN	MEDICAL STAF	F 4	16/83
4	22d PHYSICIAN'S NAME (TYPE	E OR PRINT)	220 ADDRESS	1 DIRECTOR PHISIC	1	11
	FL	DLLINI	Johns	Hopkin	s Hosp	ital
	BURIAL, CREMATION, REMOVA	AL 23b. DATE 23	C. NAME OF CEMETERY OR CREMATO	RY 23d. LOCATION	COUNTY	STATE
24.5	DUNIAL	11/17/82	OAK LAWN	DALTO	, MP	I TIME
	UNERAL DIRECTOR	ADDRES	AF	DATE REC'D. BY REGISTRAN	REGISTRAR'S SIGN	
	.6. CONNEL	-LY 500	MACE	7 61 1 1000	round C	chield

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

retained by the haspital or attending physician.

AND ASSESSED OF THE COMMENTS

77-2 22/8-2/2

47.7

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

etained by the haspital ar attending physician.

page 3

and campletely filled in by

and 2 st

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car should be detached far use as the burial-transit permit. Then please remave carbanpapers. Pages 1. with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

MAPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical contents.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG NO.

1983

REGISTRAR				CERTIF	ICATE OF DE	ATH	RI	G. NO.			
1. DECEASED NAME	FIRST		AIDDLE	ı	AST		2a. DATE OF DEA		DAY	YEAR	2b. HOUR
(Control of the cont	FRANI	< N	IMN	SI	MITH Sr			4	5	83	4:15amM
3. SEX		4. RACE		5. DATE C	F BIRTH	YEAR	6. AGE (IN YEARS I	AST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS HOURS MIN.
MALE		White		10	18	31	51	Υ	RS.	DATE	, and
7a. BIRTHPLACE (ST.	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B.	NEVER MA	DDIED [9. BALTIMORE C	ITY OR COL	JNTY OF DE	ATH	
Ohio		U.S.A.		WIDOWE		RCED	BALTIN	ORF C	ITV		MD.
10. CITY OR TOWN O	F DEATH		HOSPITAL, NURS I		OR OTHER INSTIT	UTION	12a USUAL OCC		12b.	KIND O	F BUSINESS OR
BALTIMOR	F		CAL CENT		TO. MD		Tupi	t L		ospi	ital
USUAL RESIDENCE		OTHER INSTITUTION.		E ADMISSION)	13d. INSIDE CITY	/ LIMITE 2	13e, STREET ADDI	DECC.			
Maryland	Bal	timore	Rossvi		YES 🗌 N	10 🔀	17 Pau		ce Apa	t.2+	1 21237
14. FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S A	NAIDEN NAN		DDLE		LAS1	Ť
John			Smith		5	ylvia			Hall		
160. WAS DECEASED		MED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMAN			ADDRESS			
Yes	Kone	ean War	297 26	8015	Margare	£ 4. S	mith 17	Paula	Place		t.2-A
18 CAUSE OF	DEATH (Enter an	ly ane cause per	line far (a), (b), ai	nd (c).					6	BETWEEN	MATE INTERVAL DISET AND DEATH
PARTI. DEA	ATH WAS CAUSE IMMEDIAT	E CAUSE (a)	Pacan	w illo	rugic	atori	1 anus	r		1 4	Vuk_
16.	29	DUE TO, OI	R AS A CONSEOU	ENCE OF		-					
Canditions, if		(b)	Squan	o us	cul ca	ACIMOI	ma-lu	NO		+W	outles
gave rise to cause (a),	stating the	DUE TO, OI	R AS A CONSEQU	IENCE OF				0			
underlying	couse lost.	(c)									
		_		DEATH BUT	NOT RELATED TO	O THE TERMI	INAL DISEASE OR	CONDITION	GIVEN IN	PART 110	3
19a. DATE OF O		Maly	intribic								
3 19a. DATE OF O	PERATION	196. COND	TION FOR WHICH	H OPERATIO	N WAS PERFORA	AED	20a AUTOPSY		IF YES, WERE		OF DEATH?
E							YES NO		YES 🗌		NO 🗌
OR CONTRACTOR	G CAUSE OF DEA	1 216. TIME O	FINJURY M. MONTH D	AY YEAR	SIC HOW INJU	IRY OCCURR	RED (ENTER NATURE)	OF INJURY IN ITE	M 18 PART 1 OR	PART 2)	
(IF EITHER, NOTIL	FY MEDICAL EXAMINER		M.	19							
(IF EITHER, NOTH		(AT HOME STR	OF INJURY	FARM, ETC)	21f. LOCATION		CIT	Y OR TOWN	со	HUNTY	STATE
AT WORK	AT WORK										
			e deceased fram.	MARCH	· · · · · · · · · · · · · · · · · · ·	19_83_	, ta_APRI			-	thatXX (we) last
saw they abave, (A	eceased aliveys (we) (did) (and ho	APR	5 19_ ofter death.	83 01	nd that in XX (a	ur) opinian d	death accurred an	the date an	d haur and f	ram the	causes stated
22b. SIGNATUR	RE	. ~ .	A . A		DEGREE	ENIBINIO.	MEDICAL	CTAFF	22	c DATE	SIGNED
Mi	Mudv	NOON	Myllia			YSICIAN [MEDICAL DIRECTOR	STAFF	3	1-5	.63
22d. PHYSICIAN	Y'S NAME (TYPE O				22e ADDRESS		3		-		
INIL	FORD "	FOXWE					Raven B	lvd B	Balto,	Md	21218
230 BURIAL, CREMA	TION, REMOVAL	236 DATE	23 c.	NAME OF C	EMETERY OR CR	EMATORY	23d. LOCATIO	N OWN	COUN	ITY	STATE
Bur		4-8-8	3 H	olly t	ills (e	netery		Marsh	Balto	· (0.	Md.
24 FUNERAL DIRECT	OR			0	-	25a. DA91	E REC'D. BY REGIS	TRAFIL	GISTRAR'S	SKINAT	URE A

Zeiler & Son Inc. 901 S. Conkling St APR 6

DHMH - 16 50M 4/B2 (VRA 15, 4) 24 FUNERAL DIRECTOR
NAME
(harles S.

BP.

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		FIRST		WIDDIE		LAST	2	. DATE KNOWN	MONTH	DAY YEAR	26 HOUR
(TIPE OF	CPRINTI	Pau1		J.		Smith		DEATH MATED	4/25	/839	M
SEX	4. R/	ACE	5. DATE OF BIRTH						MONTH		22HOV6
Mal	le 1	Black	11 20		40 YRS.	THS DATS HOURS	MIN.	DEAD	4/25	/8319	A _m
		R	76. CITIZEN OF W	HAT COUNTRY	? 8 MAR	PIED NEVER MAR	PIED X	BALTIMORE CITY	OR COUNTY	OF DEATH	
		i	U.S.	Α.	WIDO	WED DIVOR	CED 🗆	Baltimore	City		MD.
0. CITY	OR TOWN OF D	EATH				HER INSTITUTION			PE OF WORK	OR INDUS	USINESS
1.4							TOK MI	UST OF WORKING (IFE)		OK 111000	1101
30 STAT	TE .			IVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREI	ET ADDRESS	212	17	
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A	FIRST	-	MIDDLÉ	LAST		FIRST		MIDDLE		LAST	
I	Paul		J.	Smit		Molli	e		J	ohnso	n
6a. WAS	DECEASED EV			16b. SOCIAL	SECURITY NO.	17. INFORMANT		ADDRES	S		
		(11 100,011		217-	40-571	Esther	Clark	1406 My	yrt1e	Aven	ıe
18	CAUSE OF DE	ATH (Enter on								APPROXIMA BETWEEN ONS	TE INTERVAL
	PARTIDEATH	4	17	unshot	wound of	chest				527772277 5775	
76 54 DUE TO, OR AS A CONSEQUENCE OF											
			DUE TO, OR	AS A CONSEC	QUENCE OF						
lying couse lost.			(c)								- 1
	ART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMINAL DISE	SE OR CONDITION GIVEN IN I	ART 1 o				
E	e DATE OF OPE	RATION	TISK CONDI	TION FOR WHI	CH OPERATION	WAS PERFORMED?				Tan ALITORS	12
5	ż		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CT OF ENTITION	THO LEW OWNED					
21	a. EXTERNAL CA	USE WAS	216 TIME O	FINJURY 3	54h 21c	HOW IN IURY OCCURE	ED JENTERNA	ATURE OF INJURY IN ITEM 18	PART 1 OR PART		NO []
	NDERLYING	XOR		MONTH DA						-,	
O 21	d INJURY OCCU	JRRED				DJECT SHOT					
	HILE D NO	OT WHILE			71	STREET FULL	n Ava	Ralto C	ity M	Id	STATE
- F		TTORK					II Ave.	, Darto.c	Tty, I	u .	
			ge of the remains de	scribed obove,				. ,	nd in my opin	ion	
(death resulted fr	on Notu	rol couses	Accident L	, Suicide	1	Undeter	mined monner,			
A	CTUAL	4111	1. OF	Aug G	In mis	TITLE (SPECIFY)	n +		DATE	1/25	102
		ull	MIN X	1 hours	1 -00	M.D. ASSISTA	MEDIC	CALEXAMINER	SIGNED	4/25	/03
EX (T	AMINER'S NAM	^{NE} De	nnis F. S	myth, M	.D.	ADDRESS 111	Penn	St., Balt	o., Md	. 2120	1
3a BURI	AL CREMATION		236. DATE	23c. NAN		ADDRESS	123d LOC	ATION			
[SPE	BURIAL		4/30/8	3 Kin	g Memo	rial Park	Ran	dallstov	v n		dd.
	WEDICAL CERTIFICATION WEDICAL CERTIFICATION WAS 10. CITY Bal	Male BHRTHPLACE (STATE OF FOREIGN COUNTRY) Maryland O. CITY OR TOWN OF D Baltimore JSUAL RESIDENCE (IF IN 3a STATE Maryland FATHER'S NAME FRST Paul 16a. WAS DECEASED EVI (YES, NO, OR UNKNOWN) NO 18 CAUSE OF DE PART 1 DEATH Conditions, If you cause (o) stofi lying couse (o) PART 2 OTHER SIGNIFIC UNDERLYING CONTRIBUTING CONTRIBUTING 21d INJURY OCCU WHILE AT WORK AT 22a Lecrify the deoth resulted from ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT)	PAUL SEX 4. RACE Male Black Black Black Black Black Black Black Considering Country Maryland Colly or town of Death Baltimore Sould Residence (IF IN NURSING HOME 1) Sould Residence (IF IN NURSING HOME 1) Baltimore Sould Residence Frest Paul Conditions, if ony, which gove rise to immediate couse (o) storing the underlying couse lost. PART 2 OTHER SIGNIFICANT (ONDITIONS To Date of Operation 190. Date of Operation 190. Date of Operation 190. Date of Operation 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. Lecrify that I took chard death resulted from: Nature EXAMINER'S NAME (TYPE OR PRINT) De The Buillal Cremation removal	Paul SEX 4. RACE Black Male Black 11 20 BARTHPLACE (STATE OR PORTH) Maryland U.S. 0. CITY OR TOWN OF DEATH Baltimore SULAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, OR STATE Maryland FATHER'S NAME Paul FATHER'S NAME PREST Paul J. 106. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) IB CAUSE OF DEATH (Enter anly one cause per limpart I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) Conditions, if ony, which gove rise to immediate couse (o) storing the underlying couse lost. CONTRIBUTING 196. DATE OF OPERATION 196. DATE OF OPERATION 196. DATE OF OPERATION 196. DATE OF OPERATION 196. CONTRIBUTING OR CONTRIBUTING ID DEATH 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING ID DEATH 216. INJURY OCCURRED WHILE NOT WHILE AT WORK 216. I Certify that I took charge of the remains de death resulted from: NOTWILL AT WORK 216. I Certify that I took charge of the remains de death resulted from: NOTWILL AT WORK ACTUAL SIGNATURE EXAMINER'S NAME EXAMINE Denn's F. S.	Paul SEX 4. RACE Male Black 11 20 42 12. BARTHPLACE (STATE OR FOREINS COUNTRY) Maryland 0. CITY OR TOWN OF DEATH Baltimore John Colly Or Town Of DEATH John Colly Or Town Of DEATH John Colly Or Town Of DEATH John Colly Or Town	Paul J. SEX 4. RACE S. DATE OF BIRTH DAY YEAR 6. AGE (IN YEARS IF U MONTH DAY YEAR 40 YEAR) Male Black 1.1 20 42 40 YRS. Maryland U.S.A. 10. CITY OR TOWN OF DEATH Baltimore 715 N. Fulton Ave. JUSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION) GIVE STREET ADDRESS) TO THE PRINT MAY IN THE PRINT MAY IN THE PRINT HOME OR OTHER INSTITUTION, GIVE STREET ADDRESS IN THE PRINT MAY IN THE	Paul J. Smith SEX 4. RACE B. DATE OF BIRTH DAY YEAR 6. AGE (INTERAS) FUNDER TYR. IF UNDER	Paul J. Smith SEX 4. RACE MONITY PAUL 12.0 A.GE INTERNES IF UNDER 1 VR. IF UNDER 24 HRS. 2 LAST BETTOON MONTHS DATE IF UNDER 24 HRS. 2 LAST BETTOON MONTHS DATE IF UNDER 24 HRS. 2 LAST BETTOON MONTHS DATE IF UNDER 24 HRS. 2 LAST BETTOON MONTHS DATE IF UNDER 24 HRS. 2 LAST BETTOON MONTHS DATE IF UNDER 24 HRS. 2 LAST BETTOON MONTHS DATE IF UNDER 24 HRS. 2 LAST BETTOON MONTHS DATE IF UNDER 24 HRS. 2 LAST BETTOON MONTHS DATE IF UNDER 24 HRS. 2 LAST BETTOON MONTHS DATE IN THE MONTHS DATE	Paul J. Smith Death Mated Death Ma	Paul J. ACE INVESTIGATION FROM COLORED IN THE CONDITION FOR WHICH OPERATION WAS CAUSE OF BEATH (Enter only one course per line for (o. (b.) and (c.)) Part John for Significant Course (course for in the course of significant course for in the course for interest in the course of significant course for interest in the course for inte	Paul J. AGEINSTAND SMITH DEATH AND A CONTROLLING CONTROLLING CONTROLLING COUNTY OF DEATH AND A

Atem #21b Film G579 5/2/83 rc STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
1-STATE

REGISTRAR L DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 17 (VR A15 ME (5)) 20M 4/82

Wm C March F/H Inc. 1101 E North Ave.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

22HOVB

250. DATE REC'D. BY REGISTRAR 256 DISTRAR'S SIGNAL



in hours

April 1990

PHYSICIAN: The

ATTENDING

TO HOSPITAL

etoined by the hospital

BP

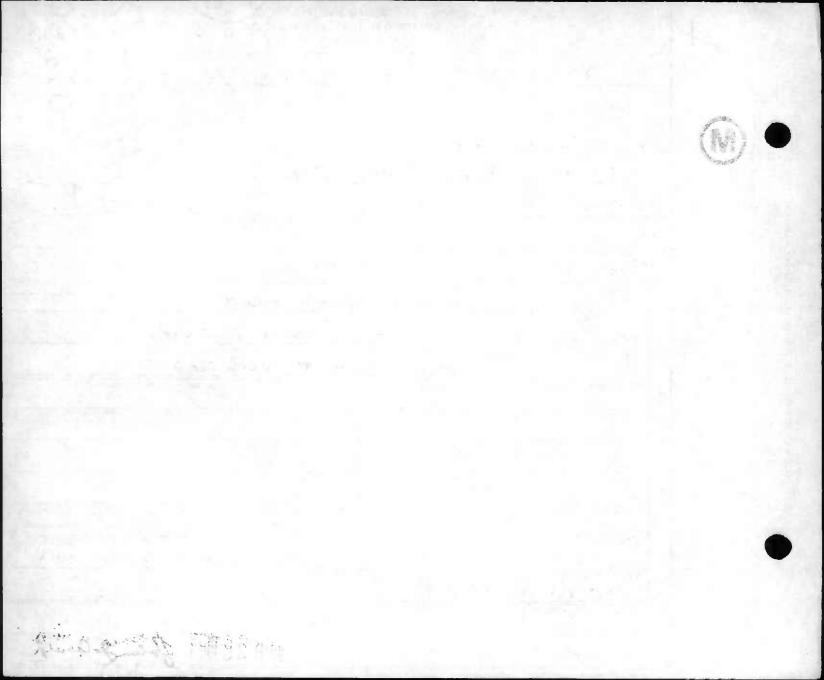
DHMH - 16 60M 1/75

(VR A 15 (4))

54	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEAL	TH AND MENTAL HYGATE OF DEATH	REG. NO	1025	4
ir, page 3 fter death		ECEASED NAME REGIN	JALD A.	S DATE OF BI	DAY YEAR	6 AGE (IN YEARS LAST BIRTH	4-71-83 =	OUR'
M		S. Carolina	76. CITIZEN OF WHAT COUNTRY U.S.A. 11. NAME OF HOSPITAL, NURS	MARRIED WIDOWED	4 20 NEVER MARRIED DIVORCED STHER INSTITUTION	9 BALTIMORE CITY OF	R COUNTY OF DEATH	
ld be tiled	USU 13a	PATTIMORE TAL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION) WN 13d	INSIDE CITY LIMITS?	(TYPE OF WORK FOR MOST OF) 3
ompletely fill and 2 shou	_	Maryland ATHER'S NAME FREST Peter	Baltin ANDDLE Smith	1 5.	ES TO DO	ME	LAST	
sician and copers. Pages of		Yes	WAR OR DATES)	3-8147	INFORMANT Lillie Ma	e Smith 12	23 Catherine	_
ed by the attending phy please remove carbonpo vial, cremotian, or remov , or other troumatic event		Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last	E CAUSE (0) CP AS A CONSEQUE	UENCE OF METAST	THIC TO SPI	*		
ansit permit. Then Hygiene prior to bu. 8 shaweany injury	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC			200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DE	ISED EATH?
the burial-tr ond Mental ced or Item 1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR	t. HOW INJURY OCCUR LOCATION STREET	RED (ENTER NATURE OF INJUR'		STATE
DIRECTOR. ached for us Dept of He				,		death occurred on the do	ote and hour and from the couses	
should be det with the Stote IMPORTANT:	720	224 PHYSICIAN'S NAME (TYPE OR	S. PAVIDA	an 22	e. ADDRESS	A HOSPIN	nive.	

IMPORTANT: If Hem 21 is saw the deceased alive on the body after death. , and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23d. LOCATION
CITY OR TOWN
Crownsville 230. BURIAL, CREMATION, REMOVAL ^{23b, DATE} 4/26/83 23c. NAME OF CEMETERY OR CREMATORY STATE Md. Veteran Cem. COUNTY Md. APR 25 1983 24. FUNERAL DIRECTOR EGISTRAR'S SIGNATURE C. March F/H Inc. 1101 E. North Ave

126 KIND OF BUSINESS OR



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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 52

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1 -	STATE REGISTRAR			DEI ARTI		ICATE OF D		illi.	REG. N	0.	U la		2
	CEASED NAME	ROBER!	יי	A.	SMI	AST TTH		2a. DATE	OF DEATH	монтн р	· 93	26. HOUR	05 01 M
3. SE.	X		. RACE	n.	5. DATE C			6 AGE	IN YEARS LAST BE	THDAY)	F UNDER 1 YEAR	_	
	Male		White	9	Apri		902		81	YRS.	ONTHS DAYS	HOURS	MIN.
	REHPLACE (STATE OF COUNTRY) Massachus		D. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER M	ARRIED -		MORE CITY OF		Ϋ́		MD.
1	ITY OR TOWN OF DE ALTIMORE	ATH	(IF NOT IN SL	HOSPITAL, NURSING FACILITY, GIVE STREET VION MEMOR	ADDRESS)			(TYPE OF V	ALOCCUPAT VORK FOR MOST OF TOO MAI	OF WORKING LIFE	INDUSTRI		Co4
13a. S	AL RESIDENCE (F NUE STATE Maryland	136 COUN	THER INSTITUTION	13c. CITY OR TOW Catonsvi	N	134 INSIDECT	Y LIMITS?		ET ADDRESS B Bloom		A 3 Avenu	e 2	2122
14. FA	Ralph	٨	N.	Smith		-	MAIDEN NAM	ME	WIDDLE		Adams	.ST	
	VAS DECEASED EVE YES, NO OR UNKNOWN)		AED FORCES? WAR OR DATES)	166. SOCIAL SECU		17 INFORMAT	Rober	t A.	ADDR Smith	_	ne es ;	# 13	
NOI	Conditions, if on gove rise to in couse (a), state underlying cous	nmediote ing the ie lost	(b) DUE TO, (c)	DR AS A CONSEQUE DR AS A CONSEQUE	ENCE OF	NOT RELATED	TO THE TERM	INAL DISE	ASE OR CON	DITION GIVE	N IN PART 1	(0)	
CERTIFICATION	19a. DATE OF OPERA	ATION	19b. CONI	DITION FOR WHICH	ITION FOR WHICH OPERATION WAS PERFORMED			200 A	UTOPSY?		WERE FIND		
MEDICAL CER	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE		.M. MONTH DA P.M. OF INJURY	MONTH DAY YEAR		JRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE			ATE				
	22a.1 certify that (sow the deceo above (1) () ex	this hospit sed alive on did) did not	view the bod	y ofter death.		DEGREE A	TENDING HYSICIAN	MEDIC DIRECT	OR PHYSIC	FF CIAN	22c. DATI	SIGNED 8-83	ted 3
	104	INSE	ND			201	E.		IVERS	TY PI	CWAY	BAL	T
230. 8	BURIAL, CREMATION (SPECIFY) Burial	I, REMOVAL	23b. DATE			Cemater Cemater			CATION CITY OR TOWN	ne	COUNTY	si ana	

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etoined by the TO HOSPITAL

DHMH-16 30M 2/80 (VRA 15, 4)

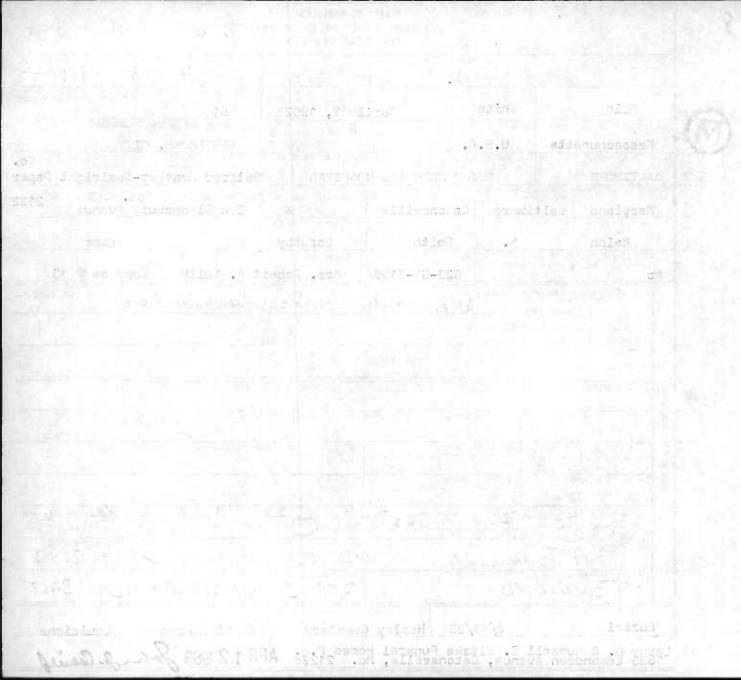
TO FUNERAL DIRECTOR should be detoched IMPORTANT: IF IN

Cematery Leroy M. & Russell C. Witzke & Juneral Homes P.A. 1630 Edmondson Avanue, Catonsville, Md. 21228

West Monroe Louisiana

250 DATE REC'D. BY REGISTRAR 251 PEGISTRAR'S SIGNATURE

APR 1 2 1983



	ASE ES. ET,
	PLEASE NECTOR IR FILES. HOURS
RESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS RESTORNING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE PRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAGE 9. RETAIN FACE 1. RELES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE FILL. PHOURS AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OFFWARD RECORDS 2013 AND STREET, BALTIMORE. MARYLAND, 21201 PRIOR TO BURRAL, CREMATION, OR REMOVAL.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEAT EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOLKING FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL—TRANSIT PERMIT. PAGES AND AFTER DEATH, WITH THE STATE DEPARMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF BALTIMORE. MARYIAND, 21201 PROR TO BURIAL. CREWATION, OR REMOVAL.
	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WRR PAGE 4 SHOULD BE FORWARE TO FUNERAL DIRECTOR: PAGE BATTIMORE, WITH THE STATE BALTIMORE, MARYLAND, 2120

	3	FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.															
			CEASED NAME E OR PRINT)	FIRST			WIDDLE			LAST			20. DATE-	KNOWN ESTI-	· .	HTMON	DAY	YEAR	26. HOUR	
	OR LES.	(, , , ,	RUB		N (Ruben)				SMITH					MATED	X	4	20 1	, 83	M	
	PLEASE ECTOR. P FILES. HOURS STREET,	3. SEX	4. R	RACE	5. DATE OF	BIRTH	YEAR 6	. AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER	R 24 HRS.	20 DAT		A	ONTH	DAY	YEAR	12:45	
	88		ale	Blk.	6	18	02		RS.	DAIS	HOURS	MIN	DEA	D		4		,83	D M	
		To BIRTHPLACE (STATE OR FOREIGN COUNTRY)			76. CITIZEN OF WHAT COUNTRY?				8. MARRIED NEVER MARRIED			RIED 🗌	9 BALTIMORE CITY OR COUNT				Y OF DE	ATH		
R	5-17-6	Kinston, Jamacia			U.S.A WIDOWED DIVORCED BALTIMOTE 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1170 USUAL OCCUPATION (TYPE)							e_C	City MD.							
	Y VEEDT	10 CITY OR TOWN OF DEATH			(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS								R MOST OF WORKING LIFE)				OR I	OR INDUSTRY		
	A DE LA SE	Baltimore Jusual RESIDENCE (IF IN NURSING HOME O			819 W. Saratoga S								Retired				Md. Cup			
21201	RETAILS SHOULD	130. STATE [13b COUN Maryland						OR TOWN		13d. INSIDE (ITY LIMITS? 13e STR YES X NO (1819			REET ADDRESS 9 Saratoga St				• 21201			
MD.	285	14. F/	ATHER'S NAME	MIDDLE LAST			ST	15 MOTHER'S			S MAIDEN NAME			MIDDLE			EAST			
E.	JEST SES 1		Willia		A		Sn	nith		M	ary					Sr	nitl	2		
IMO	ON STORY	16a. V (Y	VAS DECEASED EN	VER IN U.S. ARM	ED FORCES	5?		AL SECURIT		17 INFORA				ADDR						
SALT	HOURS AFTER EM 18. GIVE PA DNG WITH FOI ERMIT. PAGES IENE, DIVISION AL.		No 217 09 6393 Izetta Smith 819 Saratoga S												(01)					
1	JAN WI		18 CAUSE OF DI	EATH (Enter only	y one couse per line for (a), (b), and (c).)										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
NO	24 HOUR TEM 18. ONG W PERMIT. SIENE, D	0	My My IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease												-					
EST			Conditions, if ony, which																	
V. P.	ENCIL IN MINER A MINER A TRANSIT INTAL HY OR REMO		gove rise	to immediate	(b)	S A CONS	FOLIENCE	OF.								+			
, 201 V	004 . 9		couse (o) stoting the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF (c)																	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,	ULD BE EXECUTE "PENDING" IN "FENDING" IN "F MEDICAL EX ED AS A BURIAL HEALTH AND M IL CREMATION	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.																	
LRE	HIEF NO USED A OUT HEAD	CERTIFICATION	19a, DATE OF OP	ERATION	19b. (CONDITIO	ON FOR W	HICH OPER	RATION W	AS PERFOR	MED?						20 AU	TOPSY?	-40	
/ITA		Ĭ.															YE	s 🗌	NO [X]	
NO NO	THE V	AL CER	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19																	
DIVISIO	WRITING WRITING ARDED TO AGE 3 SHO ATE DEPA ATE DEPA	MEDICAL		OT WHILE			INJURY RY, FARM, ETC	(AT HOME.		TREET			CITY OR TO	NWC		cou	NTY	3	STATE	
	F.:32 F.0		278 Learnify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my opinion																	
	MIN SECTION OF SECTION		deoth resulted f	rom: Noty	of couses	Į. ,	Accident [ricide 🗌	, Homic	ide	Under	ermined m	nonner [],					
	WAR WAR		ACTUAL	A		1	1			TITLE (S						DATE				
	RE ATH		SIGNATURE	IN	1	4	0		M	D. Ass	ista	nt MED	ICAL EXA	MINER		SIGNE	4-	21-8	3	
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,		EXAMINER'S NA (TYPE OR PRINT)	Ann	M. DI	xon,	M.D.			ADDRESS 1	11 Pe	enn S	it., E	Balto	۰., ا	Md.	212	01		
	5X45A8	23a.B	URIAL, CREMATIO	N, REMOVAL 23	b. DATE		1			R CREMATO		CITY	ORTOWN			COUN	TY	STA	TÉ	
	BP		Burial		4/2'	7/83	Mt	. Au	burn	Cem	•	Ba	ltin	nore	-01-7-	1000		Md.		
	DHMH - 17		NAME		_	ADDRESS	^	O 13	A			REC'D. BY	REGISTR 1983	AR SOR	Luc	ARSSI	CAL	ug		
	(VR A15 ME (5)) 20M 4/B2	U.	harles	A. Ric	e FS	PA	130	0 Eu	taw .	LT.	MAY	44	1000	0		_				

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

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STATE OF MAKTLAND			
ARTMENT OF HEALTH AND MENTAL HYGIENE	8	3	
CERTIFICATE OF DEATH		REG. NO.	

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		REGISTRAR	REG. NO.										
			FIRST	٨	MIDDLE		LAST		2a. DATE OF DEAT	H MONTH	DAY	YEAR	2b. HOUR
L		10013	71	Varringt	ton (Gilmore			4/15/83	4	15	83	1:27pm
3.	SEX			4. RACE		MON	OF BIRTH	YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS	DAYS	HOURS MIN.
L		Male		Whilt			12 18	19	63 YRS				
47	BIR	Lutherville	IGN	b. CITIZEN OF	WHAT COU	MARRI	ED W NEVER	MARRIED -	9. BALTIMORE CI	Y OR COUN	NTY OF DE	ATH	
1		Maryland	U.S.A. WIDOWED DIVORCED					VORCED [ity			MD.
10	0. CIT	TY OR TOWN OF DEATH				VURSING HOME (E STREET ADDRESS)	OR OTHER INS	NOITUTION	12a. USUAL OCCU			KIND O	F BUSINESS OR
		Baltimore	Cartal Cartain							U.S. Navy			
		TATE	HOLEOR		GIVE RESIDENCE		113d. INSIDE C	ITY LIMITS?	138 STREET ADDRI	SS			
2	MA	RYLAND E	ALTI	MORE	TIMO	NIUM	YES 🗌	NO 🔀	2201 Pot	Spri	ng Rd	. 2	21093
10	FA	THER'S NAME		AIDDLE		AST	15. MOTHER	S MAIDEN NAM	ME	i.e		LAS	7
7		Harry		mar		ith	Ger	aldine	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	46	St	ockł	
3 10		AS DECEASED EVER IN	U.S. ARA	AED FORCES?		L SECURITY NO.	17 INFORMA		Al	DDRESS			
1		ES, NO OR UNKNOWN) (J.II 578.40.9513 E. June Smith Same as 13e.									16 146
		18. CAUSE OF DEATH PART I. DEATH WAS	CAUSED	y ane couse per > BY: E CAUSE (a)		(b), and (c).) 'diopulmo	onary Ar	rrest				APPROXI	MATE INTERVAL ONSET AND DEATH
				DUE TO, OI		SEQUENCE OF	C.						
		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. (c) Metastatic Carcinoma of DUE TO, OR AS A CONSEQUENCE OF the Bladder											
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG											
	o O	Severe Cachexia											71 - 190
	CERTIFICATION	19a DATE OF OPERATIO	N	19b CONDI	ITION FOR	WHICH OPERATE	ON WAS PERFO	RMED	200 AUTOPSY?	IN CEI	YES, WERE RTIFYING (YES [NGS USED OF DEATH?
		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL LIFETHER NOTIFY MEDICAL	ISE OF DEA		M. MONT	TH DAY YEAR		IJURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR	PART 2)	
	MEDICAL	21d. INJURY OCCURRED		21e PLACE (OFFICE, FARM, ETC	211. LOCATION STREET		CITY	OR TOWN	co	VÎNU	STATE
1		220.1 certify that (I) (tl	nis haspit		e deceased	tram	1/1/	19 83	, ta	4/15/	. 19	83	that (1) (we) lost
	63	saw the deceased above, (1) (we) (did	olive on.	4/15	after death	_1983_,	and that in (my)	(aur) apinian d	death accurred an t	he date and	hour and f	ram the	causes stated
		226. SIGNATURE	r (did noi	view me oddy	offer deoffi		DEGREE				22	c. DATE	SIGNED
	2	Sober:	rese	L MY	7			ATTENDING PHYSICIAN		STAFF IYSICIAN M	-		
		22d PHYSICIAN'S NAME (TYP) OR PRINT) 220. ADDRESS											
		SHEIG	A		BEN	EZER	WYM		ARK HE		45	YS7	EM
2	13	URIAL, CREMATION, RE	MOVAL	23b. DATE 4/16/3	1002		CEMETERY OR		23d. LOCATION CITY OR TOW Baltim	Ore	COUN	TY T	Maryland
2		Cremation		4/10/1	1903	lereen r	Duit CI	25a DAT	-	RAR 25h RP	SISTRAR'S	_	
		NAME	Dwa	11 or . T	AD	DRESS	2122	AP	K 1 8 1983	1	lun	20	shell
Ľ	a1	lter Brooks	DLdC	rey, inc	. Dur	Mark, M	J. 6122	4		U			

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely little should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 thurst with the State Dept. of Health and Amenial Hygiene prior to burial, cremation, ar removal.

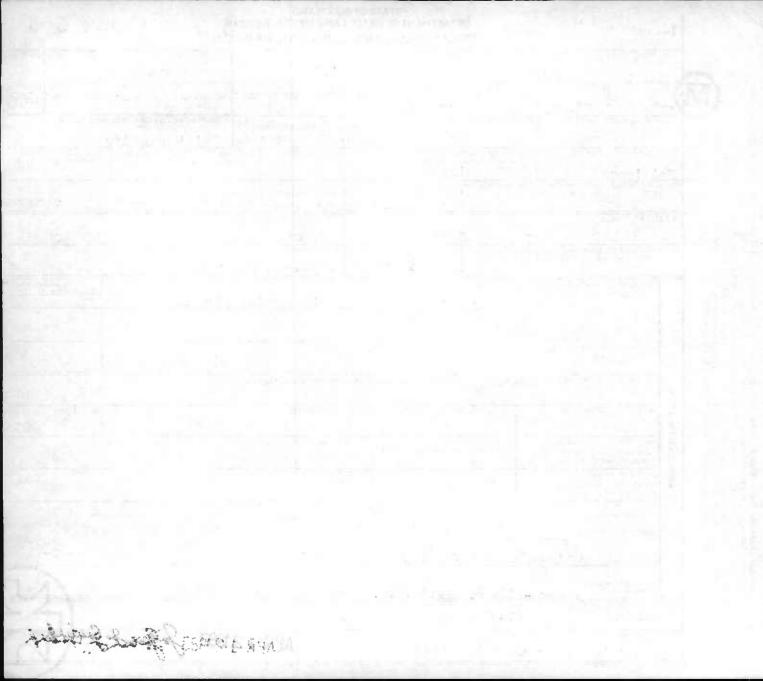
IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical continuements.

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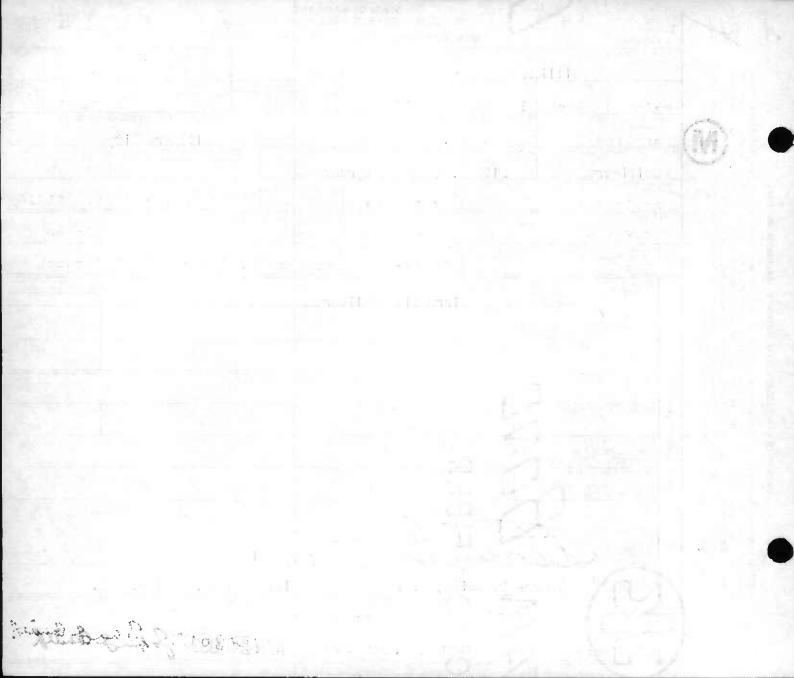
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STATE OF MARYLAND



Wm C March F/H Inc.

(VR A15 ME (5)) 20M 4/82



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injury, or other troumatic event, the medi IMPORTANT: If Item 21 is marked or them 18 shows any

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed in many offer death. Page 4 may be	retained by the haspital or attending physician.	ō. 70	after		
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FOR - STATE

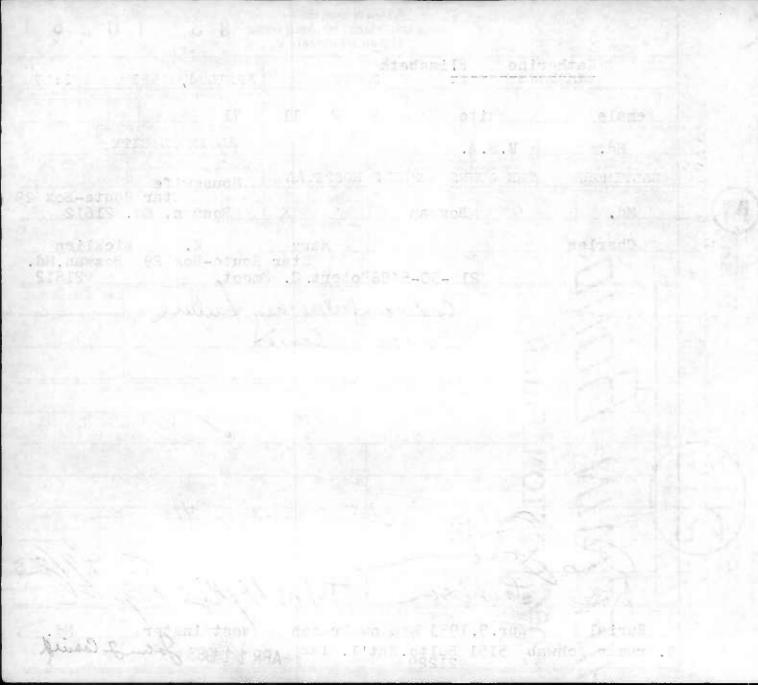
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Ш	REGISTRAR		CENTIFICATE	OI DEATH	REG. NO.		
	DECEASED NAME Kather		beth LAST		20 DATE OF DEATH MON	NIH DAY YEAR	26 HOUR A
L	ELIZA		SMOOT	1		L983	3:17 M
3	SEX	4. RACE	5. DATE OF BIRTH	AY YEAR	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	HOURS MIN.
L	Female	White	9 2	2 11	71	YRS.	
17	6. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIE XX NE	VER MARRIED	9 BALTIMORE CITY OR C		
L	Md.	U.S.A.	WIDOWED	DIVORCED [BALTIMORE		MD.
ľ	0 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		OF BUSINESS OR
1	BALTIMORE	THE JOHNS HO		PITAL	Housewif	e	
ľ		13c. CITY OR TO		DE CITY LIMITS?	13e STREET ADDRESS St	ar Route	-Box 29
1	Md.	<u>Bozma</u>		-4.5	Bozman,	Md. 216	12
ł	4. FATHER'S NAME	MIDDLE LAST	15. MOT	HER'S MAIDEN NA FIRST	WE	IAS	
1	Charles			Mary	К.	Wickl	
1	60 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)			Route-Boxs		an, Md.
L		215-30	-5496Robe	ert C. S	Smoot		21612
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	only ane cause per line far (o), (b), o	and (c).	0	111	BETWEEN	IMATE INTERVAL ONSET AND DEATH
ľ		ATE CAUSE (a)	hae - Du	monas	4 FRUIL	<u> </u>	
ł	1830	DUE TO, OR AS A CONSEO	UENCE OF	(<			
ı	Conditions, if any, which gove rise to immediate	(1b) OVR	man	anel	XX		
1	couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEO	UENCE OF				
ŀ		(c)					
ı		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT REL	ATED TO THE TERM	AINAL DISEASE OR CONDITI	ON GIVEN IN PART 1	0.
ł	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PE	PEOPMED	20a AUTOPS 20	b. IF YES, WERE FINDI	NGS LISED
	2 Marie of Great	The condition of the	OI ENATION WAS II	EN OKMED	IN IN	CERTIFYING CAUSES	OF DEATH?
1	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HO	W INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	YES	NO []
-	00 00 00 00 00 00 00 00 00		DAY YEAR				
	OR CONTRIBUTING CAUSE OF DE	P.M. 21e. PLACE OF INJURY	19 21f. LOC	ATION			
ı	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E FARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
t		pital) attended the decembed from	2/29	10.	3 to 9/2	1083	that (I) (we) last
L	sow the deceased alive or	on 19		(my) (aur) apinion	death occurred an the date o		
I	226. SIGNATURE	or view the body attregated is	DEGREE			776 DATE	SICKED
ı	1200	your-		ATTENDING PHYSICIAN	MEDICAL STAFF	4	14/00
1	22d. PHYSICIAN'S NAME (WAS	OR PRINT)	22e. AD		11 40	10 7	1100
I	Rass	Tax 650		Tahns	HOMINS.	HOSDITA	1
2	30 BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c	NAME OF CEMETERY	OR CREMATORY	25 LOCATION	1	
	Burial	Apr. 8, 1983	Meadow Br	ranch	Westminst	COUNTS	Md
	4 FUNERAL DIRECTOR			250 DAT	E REC'D. BY REGISTRAR TO	AEGISTRAR'SOIGHA	URE
1	G. Truman Schwa	ab 5151 Balt #2122	9 Nat'I.	Tre AF	PR 1 1 1983	The Co	- A
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DHMH - 16 50M 1/81 (VRA 15, 4)

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requires that the death certificate be executed within 24 hours after

ATTENDING PHYSICIAN: The low

TO HOSPITAL

etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages, I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND										
DEPARTMENT OF HEALTH AND MENTAL HYGIENE										
CEDTIFICATE OF DEATH										

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7	1-	FOR STATE REGISTRAR		DEPART	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.							
		CEASED NAME FIRST DON'T	Ly	MIDDLE	5	hair.	20. DATE OF DEATH	11 2	7 1983	26. HOUR 8:20	M	
1	3. SE	Female	4. RACE White		5. DATE O	OAY YEAR	6 AGE (IN YEARS LAST BIR	YRS.	F UNDER 1 YEAR	HOURS 1	MIN.	
100	?	IRTHPLACE (STATE OR FOREIGN COUNTRY) Manyland	USA	WHAT COUNTRY?	WIDOW		Baltimore City of	one (i	ty		MD.	
1	Bo	atimore	ity to	ospitals	of Be	or other institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	F WORKING LIFE	12b. KIND O INDUSTRY Domes		SOR	
5	130. 5	ACTURE COM CO		13c. CITY OR TOW	/N	13d. INSIDE CITY LIMITS? YES NO X		pinia	Avenue	, 21	221	
	14. FA	ATHER'S NAME ***********************************	MIDDLE	White		15 MOTHER'S MAIDEN NAM	WE		Unkn	own		
2		WAS DECEASED EVER IN U.S. AT YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	217-22-	4512	James R. Snu	ain 3502 B		Ave., Bo	212 altimo	211 one	
	No	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(c)	ONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 11c)·		
1	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	, WERE FINDIN		?	
1		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [(IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A	.M. MONTH D .M.	AY YEAR	21¢ HOW INJURY OCCUR						
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE.	FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STA	(TE	
	i:	22a. I certify that (I) (this hasp saw the deceased alive o above, (I) (we) (did) (did n 22b. SIGNATURE	ot) view the body	- 7 7 19		nd that in (my) (our) opinion of DEGREE	MEDICAL STA	FF .				
1		22d. PHYSICIAN'S NAME TYPE				PHYSICIAN L	DIRECTOR PHYSIC	IMIN	11/0	11-2		
		BURIAL, CREMATION, REMOVA (SPECIFY) Burial			NAME OF C	emetery or crematory even Mem. Pk.	23d. LOCATION GLEN BUR	nie. t	1 COUNTY). M	7	

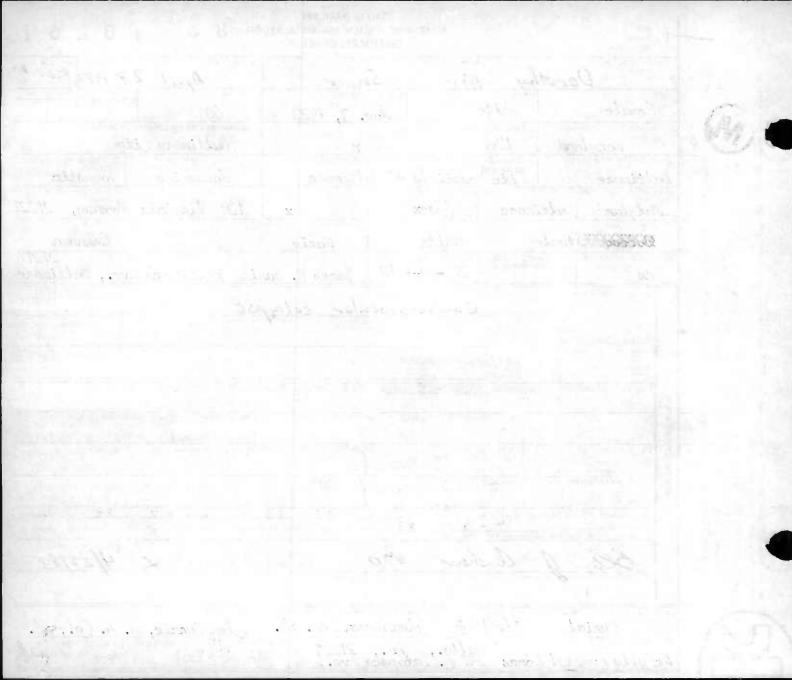
DHMH - 16 50M 4/82 (VRA 15, 4)

(SPECIFY) Burial
24 FUNERAL DIRECTOR Mc ully Funeral Homes

Baltanges Md., 237 E. Patapsco

25a. DATE REC'D.

Glen Buenie, A. A. (0., M. Co.) By REGISTRAR 256 REGISTRAR'S SIGNATURE 3 1983



STATE OF MARYLAND 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OI	DEATH		REG. N	10		
	CEASED NAME FIRST		WIDDIE	L	AST		20. DATE OF		MONTH	DAY YEAR	2b HOUR
61114	MAR	Y M	SNYI	ER			April	9	1983	3	11:50p
1.58		4. RACE	DIVII	5. DATE C	F BIRTH		6. AGE (IN YE			IF UNDER I YEAR	IF UNDER 24 HRS
E	EMALE	WHITE		MAR	. 17°,	1924	59		YRS	MONTHS DAYS	HOURS MIN.
В	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NIEVE	R MARRIED	9. BALTIMO	RE CITY C	OR COUNT	Y OF DEATH	
M	ARYLAND	USA		WIDOWE		DIVORCED	BAT.T	TMO	RE C	τͲϒ	MD.
	ITY OR TOWN OF DEATH	F NOT IN SUC	HOSPITAL, NURSIN	G HOME C	OR OTHER IN	ISTITUTION	120 USUAL C	CCUPAT FOR MOST	ION	126 KIND C INDUSTRY	STORE
USU	ALRESIDENCE IN HURSING HOME		OHNS HOP		пор	BITAL	ONLLO	ו עאב		DEF1.	STORE
	ARYLAND BALT	MORE	OWINGS M		13d INSIDE	CITY LIMITS?	13e. STREET A 109 CH		H RD.	(2111	.7)
g,	ATHER'S NAME	WIDDLE	LAST		15. MOTHE	R'S MAIDEN NA	ME	WIDDLE		1AS	
	ALEX		MASHBAU	M	A	ANNA				KES	SLER
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFOR	MANT		ADDR	ESS		
	(YES, NO OR UNKNOWN) N OF YES, G	RMED FORCES?	216-16-	1486	MRS.	ANITA P	. GOLDS	STEIN	109	CHURCH	RD. (21117
NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b)	R AS A CONSEQUE MALAY R AS A CONSEQUE DITRIBUTING TO D	NCE OF	rol)	ED TO THE TERM	O WAR	OR CON	IDITION GI	IVEN IN PART 10	01
CERTIFICATION	190. DATE OF OPERATION	-	L OBSTRUCT	WHICH OPERATION WAS PERFORMED			200 AUTO	PSY?	ES, WERE FINDIN	NGS USED OF DEATH?	
	2]a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	. P. 1111	FINJURY M. MONTH DA	Y YEAR	21c. HOW	INJURY OCCURR					NO L
MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE			21f LOCA' STRI		. 57	CITY OR TO	OWN	COUNTY	STATE
/	220.1 certify that (1) (this hose to decease alive a above (1)) well (did) (did not be a constant). 220.1 priysiciany's NAME/(weel)	n ot viery he body	4/9 108		DEGREE 22e ADDR	JOHNU.	MEDICAL DIRECTOR	STA	FF. /		/
23 n	BURIAL, CREMATION, REMOVAL	L 23b. DATE	122. 51	AME OF C	66	RCREMATORY		HON	V-7	DALI	movee, Mu
	TRIAL	4-11-8			OUNG		WOOD	LAWN	BALT	O. MD.	STATE

24 FUNERAL DIRECTOSOL LEVINSON & BROS.
6010 REISTERSTOWN RD. BALTIMORE, MD. (21215)

S WOODLAWN, BALTO. MD.

250. DATE REC'D. BY REGISTRAR 25W GISTRAR'S SIGNATURE.

AND A 1.2.1983

DHMH - 16 50M 1/81 (VRA 15, 4)

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Mind (f. 1983) (1989)	\ \ \

		STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH							S REG. NO.	1 0	2	6 3
	1. DEC	CEASED NAMWANDAST	GEUERL	atn sny	DER	NYDER		2a. DATE OF D	EATH MONTH	18	YEAR 83	26. HOUR
	3. SE)	F	4. RACE		5. DATE C	OAY Y	YEAR 3		52 ,	MONTHS RS		IF UNDER 24 HRS HOURS MIN.
3	C	RTHPLACE (STATE OR FORFIGN COUNTRY) VIRGINIA	US		WIDOWE		CED		CITY			MD
8		BALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSING H FACILITY, GIVE STREET AO	MAF		HOSP.		CUPATION OR MOST OF WORK	ING LIFET IN	. KIND OF DUSTRY	BUSINESS OR
8	13a. S	MRYLAND 1		13c. CITY OR TOWN		13d. INSIDE CITY LI YES 🙀 NO			4	207 TON	Co	OURT.
U		THER'S NAME FIRST	WIGOTE	LAST			IDEN NAM LEEN		MIOOLE	60	LLAT	YA-
1		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE NO —	S. ARMED FORCES? ES, GIVF WAR OR OATES)	231-34-6	2 - 11	Richard	E.	Snyde	ADDRESS C/same		13e	
	NO	18. CAUSE OF DEATH (Ent PART I. DEATH WAS CAUSE (1) A Conditions, if any, whice gave rise to immediate cause (a), stating the underlying cause las	DUE TO, OI	METASTA R AS A CONSEQUEN R AS A CONSEQUEN	T ICE OF	OAT (24	NAPE INTERVAL NSFT AND DEATH
2	TIFICATION	19a DATE OF OPERATION	196 COND	TION FOR WHICH O	PERATIO	N WAS PERFORMED	D	20a AUTOPS	20b. IN C	F YES, WER ERTIFYING YES		
7	ICAL CERT	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXA	DE DEATH HOUR A.	M. MONTH DAY	YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATUR	E OF INJURY IN ITE	M 18 PART I OF	PART 2)	
	MEDI	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STE	OF INJURY PFET, FACTORY, OFFICE, FAR	M ETC)	211 LOCATION STREET		(CITY OR TOWN	cc	NINITY	STATE
		sow the deceased alive obove, (I) (we) (did))(d	e on	<u> </u>	1M.	d that in (my)(our)		eoth occurred c	on the date and	hour and f	rom the c	hat (1) (we) ast auses stated
		22b. SIGNATURE SU	, And			PHYS	DING ICIAN	MEDICAL DIRECTOR	STAFF	2	4/18	183
		22d. PHYSICIAN'S NAME (STOR PRINT)			ZZ S	GREE	NE S	ST. BA	icto,	MD.	5/50/
	BU	BURIAL, CREMATION, REMO (SPECIFY) JRTAL	4/21	/83 Res	t Ha	emetery or crem avenCeme	etery		rstown			Id. STATE
		JNERAL REST Ha 501 Pennsyl	ven Fúne vania Av	ral Chap e.Hagers	eL,	inc n,Md	AP	R 2 5 19	183	GISTRAR'S	L Co	held

DHMH - 16 50M 4/B2 (VRA 15, 4)

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DHMH-16 20M (VRA 15, 4) 7/78

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11.	FOR STATE REGISTRAR			ALTH AND MENTAL HYG	0	10264
1 5E	ECEASED NAME FIRST E OR PRINT) WALE	* RACE W HIT	YO	ISKY		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
2 C	HRTHPLACE (STATE OR FOREIGN COUNTRY) MARY LAND	76 CITIZEN OF WHAT CO USA	WIDOWE		BALTIMORE CIT OR CO	CITY
1	Ball RESIDENCE (IE NUBSING HOME OF	(IF NOT IN SUCH FACILITY, C	GIVE STREET ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK SALESMAN	IKING LIFE) 126. KIND OF BUSINESS OF LOOR COVERING (SUPPLIES)
-	JAL RESIDENCE (IF HURSING HOME OR STATE MARYLAND BA ATHER'S NAME	LTO. BAL		134 INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NA	13. SUBSE APPRESS TO	N RD. #21208
1	DAVID		OLSKY	FANNI		GOODMAN ^{AST}
	(YES, GIVE	WAR OR DATES	01-7582	3400 HATTON		
NOIL	gave rise to immediate cause (at thating the underlying cause last PART 2 OTHER SIGNIFICANT CORES		ING TO DEATH BUT P		TIMAL DISEASE OR COMDITIO	encedia chias Messaninta II
MEDICAL CERTIFICATION	THE DATE OF OPERATION S//5 83 THE ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE- LIP ETHER MOTER MEDICAL EXAMORE)	HOUR A.M. MON	bral H	ZIL HOW INJURY OF URI		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) NO \(\text{NO} \)
MED	THE INJURY OCCURRED WHEE INDIVINE I	216 PLACE OF INJUR	Y, OFFICE, FARM, ETC.)	711 LOCATION SINEET	citr oktowy	COUNTY STATE
	22a Leartify that (I) (this hospi saw the deceased alive an above (I) (we) play (did no 22s SIGNATURE	I view the body offer beat	19 83 J. one	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR FHYSICIAN	nd hour and from the causer stated
	AND A PROMISE DESCRIPTION OF THE PARTY OF TH					-
23a	BURIAL CREMATION, REMOVAL	Bustin	23c NAME OF CE	METERY OR CREMATORY	HOS PITO BARTIMORE	1 of Baltono

STATE OF MARYLAND

Action of the said

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3	J	- 5

2 6

1 -	REGISTRAR		CERTIF	CATE OF DEATH	REG. NO.		
(TYPE	VIncen	200	LIAM Solo	SSOLDER SR.	4	22 \$3 7:50	am
3. SE)	male	white	MONTH 7	F BIRTH	68 YR	RS.	HRS WIN.
M	RTHPLACE (STATE OR FOREIGN	4.5.	MARRIED	D DNORCED	Battimore	Cety	MD.
Bo	Utimore	UNIVEXSTA	TY, GIVE STREET ADDRESS)	und Hospital		BETHELEHEM	OR
130. S	itate 136. COU			136. INSIDE CITY LIMITS? YES D NO	138. STREET ADDRESS	STEEL 21223	
1	TOSONA TOSONA	MIDDLE	solder	Victoria	MIDDLE	SACHS	
160 V	VAS DECEASED EVER IN U.S. AI	IVE WAR OR DATES)	17-01-6094		1	21229 CAVISH AVENUE	
	PART I. DEATH WAS CAUS	inly one couse per line f ED BY: (TE CAUSE (o)	or (o), (b), and (c).)	tao	1	APPROXIMATE INTERVAL BET WEEN ONSET AND DEA	ATH
9	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS	CONSEQUENCIOF	nation		5 hrs	
	cause (a), stating the underlying cause lost.	(c) UA	MONOTALLION	lar introcr	anial bleed	3days	
ATION	PART 2. OTHER SIGNIFICANT					FYES, WERE FINDINGS USED	
CERTIFICATION	210. ACCIDENT WAS UNDERLYING				YES NO NO IN CE	PRTIFYING CAUSES OF DEATH?	
MEDICAL C	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. P.M.	MONTH DAY YEAR	211 LOCATION			
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA	CTORY, OFFICE, FARM, ETC.)	STREET	to Haa	COUNTY STATI	
	sow the deceosed olive o obove, (I) (we) (did) (did n 22b. SIGNATURE	n H120	death. 1983, or		death accurred on the date and		
	P. DIMMAND	AR PRINT)	ACE S. DATE OF BIRTH DAY YEAR S. DATE OF DEATH MONTH DAY YEAR S. DATE OF BIRTH DAY YEAR DEGS DAY OF BIRTH DAY YEAR DAY OF BIRTH DAY OF BIR		1 4/82/8:	3	
	C. Dimono			1	& Haxyland Ho	sodal	

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL 24. FUNERAL DIRECTOR

FOR

page 3

may be

executed within 24 hours ofter death. Page

and campletely tilled

the ottending physicion and campletely remove carbonpopers. Pages 1 and 2 sh

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon papewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physician IMPORTANT: If them 21 is marked or them 18 shows any

injury, or other troumatic event, the medical

04-26-83

LOUDON PARK 21229

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATON
CITY OF TOWN

BALTIMORE CITY

MARYLAND STATE

ADDRESS 4107 WILKENS AVE HUBBARD FUNERAL HOME. INC.

23b. DATE

125 DATE RECD. BY REGISTRAR 256 TO GISTRAR'S SIGNATURE AND COLOR

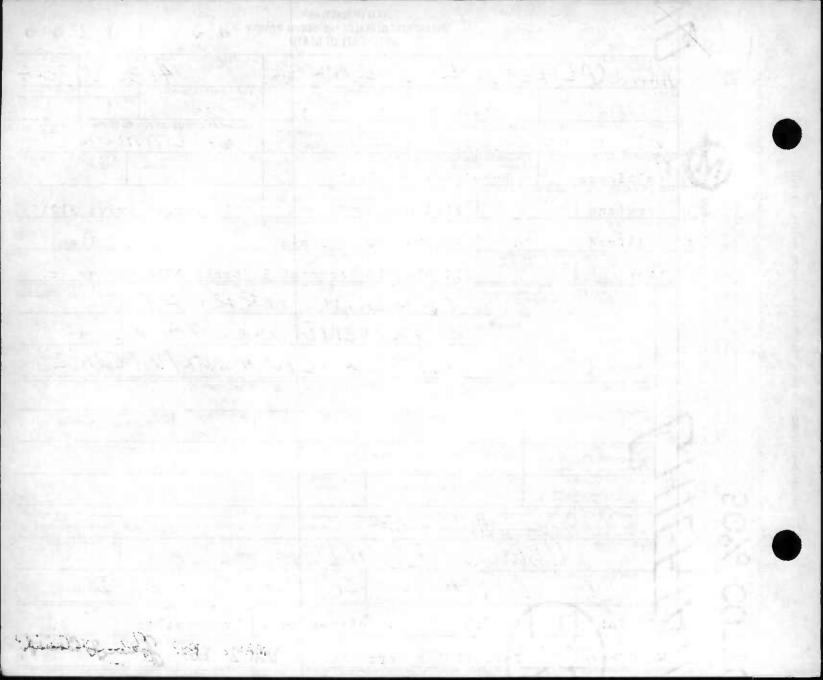
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be for with a 72 hears after death with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removol.
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				STATE OF MARYLAN					
1.	FOR STATE		, , , , , , , , , , , , , , , , ,	T OF HEALTH AND ME		E 8 3		0 2	6
	REGISTRAR		C	ERTIFICATE OF DEA	ATH	REG. NO).)	,	
	CEASED NAME, FIRST	MI	IODLE	LAST	20	DATE OF DEATH	MONTH DA		2b. HOUR
10 14	Fred ALF	READ)	'L. S	PETK	S_{IR}	0	4/3	0/83	3.5
3. SEX		4. RACE	5.	DATE OF BIRTH	YEAR 6. /	AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 2
	Male	Bla	ck		18	6.5	YRS.		
70. BIR	RIHPLACE ISTATE OR FOREIGN	Zh. CITIZEN OF W	VHAT COUNTRY? 8.	MARRIED NEVER MA	RRIED . 9.1	BALTIMORE CITY O	COUNTY	F DEATH	CITY
V	irginia	U.S.	A, w	IDOWED DIVO	RCED	0171	-111	10K	< =
10.CIT	TY OR TOWN OF DEATH		OSPITAL, NURSING H	HOME OR OTHER INSTITU	JTION 120	USUAL OCCUPATION	ON WORKING LIFE)	12b. KIND C	F BUSINES
	altimore	Prov	ident Ho	spital					
USUA 130. ST	AL RESIDENCE (IF NURSING HOME COTATE 136 COU	OR OTHER INSTITUTION, C	GIVE RESIDENCE BEFORE ADA	(13d. INSIDE CITY	LIMITS? 130	STREET ADDRESS			
	aryland		Baltimor			4510 Gar	den I	rive	2121
14. FA	THER'S NAME	WIDDEE	LAST	15. MOTHER'S M	AIDEN NAME	WIDDLE		1.45	. 7
	Alfred	L.	Speaks,	SR. Man	nie	MIDDLE		Kell	lam
	VAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY	Y NO. 17. INFORMANT		ADDRE	SS		
	YES NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)	219-07-9	018 Marga	ret E	Speaks 4	510	arder	n Dr.
	18. CAUSE OF DEATH (Enter of	anly and cause per l							MATE INTERV
	PART L DEATH WAS CAUS	SED BY:	CAL	DIAR	AZ	2RE.	57	- SELVICE S	OTTAL FAME
	5103 IMMEDIA	ATE CAUSE (0)	4		,,,				
	0700	DUE TO, OR	AS A CONSEQUENCE	* 08 0 /	12 1	- 0	1.110	-	
			7 9 1 12 12	THEN	K11/11/	01/140	1741 1	7111	-
	Conditions, if any, which	((b)	SUPP	CHVEIU !	RICUL	ATZ I AC	ITTUE	DIE	—
	gave rise to immediate cause (a), stating the	DUE TO, OR	ASA CONSEQUENCE	V. 4 V C	-	7. (.,			75
	gave rise to immediate	DUE TO, OR	SUPP	V. 4 V C	-	MONARY			75
7	gave rise to immediate cause (a), stating the	(c)	ASA CONSEQUENCE	PERAL	PUL	MONARY	INF	TRA	75
TION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	c)	ASA CONSEQUENCE	TH BUT NOT RELATED TO	PUL.	MONAR!	IMF DITION GIVE	TRA N IN PART 10	75
ICATION	gove rise to immediate cause (a), stating the underlying cause last.	c)	ASA CONSEQUENCE	PERAL	PUL.	MONARY	DITION GIVE	TRA	7E O
TIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	c)	ASA CONSEQUENCE	TH BUT NOT RELATED TO	PUL.	MONAR!	DITION GIVE	WERE FINDING CAUSES	7E O
TIFIC	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	(c) (d)	ASA CONSEQUENCE NITRIBUTING TO DEA	TH BUT NOT RELATED TO	PUL O THE TERMINA	MUNARY L DISEASE OR CONT	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	NGS USED OF DEAT
	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	CONDITIONS CO	ASA CONSEQUENCE NTRIBUTING TO DEA TION FOR WHICH OPI INJURY A. MONTH DAY	TH BUT NOT RELATED TO ERATION WAS PERFORM YEAR 210. HOW INJU	PUL O THE TERMINA	MUNITY LI DISEASE OR CONT 200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	NGS USED OF DEATH
	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITIONS CO 19b. CONDITIO	ASSA CONSEQUENCE NTRIBUTING TO DEA TION FOR WHICH OPI INJURY A. JE INJURY	ERATION WAS PERFORM YEAR 19 211. LOCATION	PUL. D THE TERMINA AED RY OCCURRED	ALDISEASE OR CONT. 200 AUTOPSY? YES NO (ENTER NATURE OF INJUR	DITION GIVE 20b. IF YES, IN CERTIFY YES Y IN ITEM 18 PAI	WERE FINDING CAUSES	NGS USED OF DEATH
CAL	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED	19b. CONDITIONS CO 19b. CONDITIO	ASYA CONSEQUENCE NTRIBUTING TO DEA TION FOR WHICH OPI NURY A. MONTH DAY A.	ERATION WAS PERFORM YEAR 19 211. LOCATION	PUL. D THE TERMINA AED RY OCCURRED	MUNITY LI DISEASE OR CONT 200 AUTOPSY? YES NO	DITION GIVE 20b. IF YES, IN CERTIFY YES Y IN ITEM 18 PAI	WERE FINDING CAUSES	NGS USED OF DEATI
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DHMH - 16 50M 4/B2 (VRA 15, 4)

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	u	FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	102	6 7
		EASED NAME FIRST JOSEP	MIDDLE	SPENCER	2d. DATE OF DEATH MONTH		2b. HOUR
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35		OUNTRY)	0.5.A.	Y? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR CO	CITY	
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	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	0 0	O.	0 2	68
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3	30	CHALLORE OF NURSING HOME OF	S Ba	H FACILITY, GIVE STREET H WOFE GIVE RESIDENCE BEFORE	ADDRESS)	neral Hosp	TYPE OF WORK FOR MOST OF	E WORKING LIFE)	INDUSTRY	er ee
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	- {	SPECIFY) Burial	11/28	/83 10	nobe	Will Comote	Prook	I see	COUNTY	STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

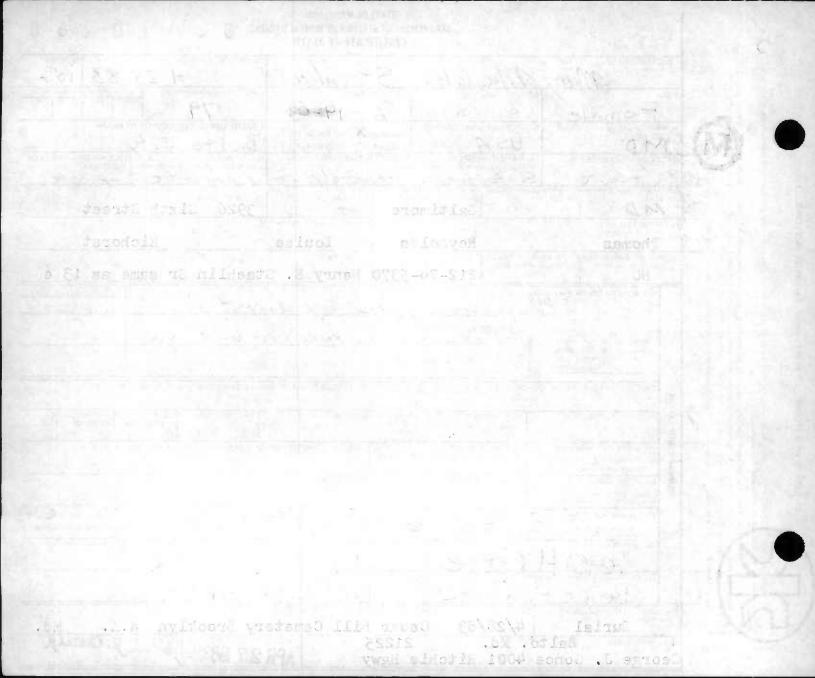
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

MAPORTANT: If hem 21 is morked or len 18 showroov

Burial | 4/28/83 | Cedar Hi
HIVERAL DIRECTOR Balto. Md. ADDRESS 21225
George J. Gonce 4001 Ritchie Hgwy

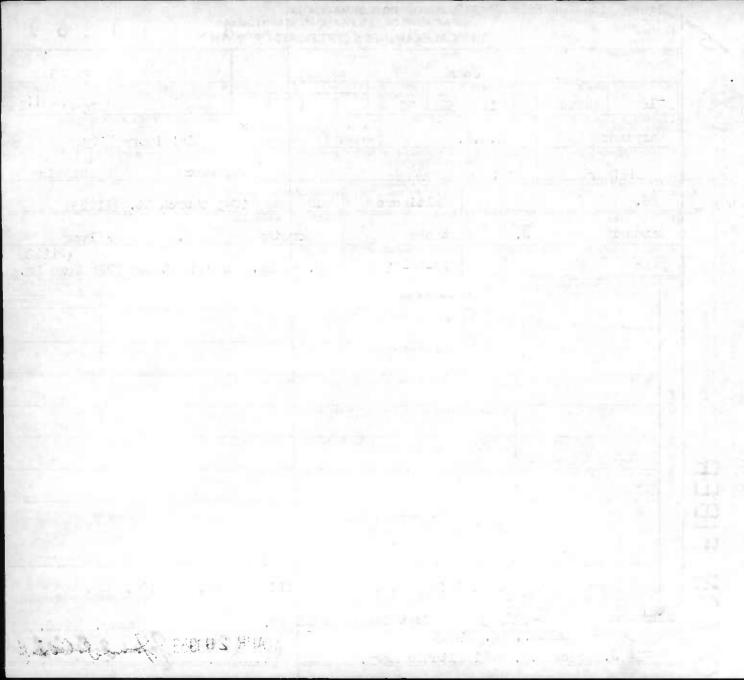
Hill Cemetery Brooklyn A.A. Most Stranger of the APR 27 1983



269	\$\\\ 3 \\ \ REG. NO. \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	AND MENTAL HYGIEN ERTIFICATE OF DE					FOR STATE REGISTRAR	1 - S
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BETWEEN ONSET AND DE				or (a), (b), ond (c).	one cause per line BY:	DEATH (Enter only TH WAS CAUSED	PARTIDEA	
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OUNTY STA	CITY OR TOWN COU	ATION		FINJURY (ATHOM PRY, FARM, ETC.)	21e PLACE C STREET, FACT	NOT WHILE AT WORK	21d, INJURY OC WHILE AT WORK	MEDICAL
ied 4/26/83		TITLE (SPECIFY) Deputy Chiefmen		Acquestions/	of the remarks down	ther Trook charge tram (Nether	Zie I certify death resulted ACTUAL SIGNATURE	
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& lawely	9 1983 John	AKK 2	CTI-THE			Gonce E		
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20M 4/B2

Items #18a-22a Film G581 7/20/83 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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13a.	STATE IN	COUNTY	13c. CITY OR TOWN	YES NO NO	19D7 GLEN COVE I	ROAD 21D34
14. F.	WILLIAM			FIRST		TAYLOR
						AS #13e
NC	Canditians, if any, or gave rise to imme cause (a), stating underlying cause	which diate the last. (b) DUE TO, O	CEREDION (R AS A CONSEQUENCE OF			
TIFICATION	190 DATE OF OPERATIO	DN 19b COND	ITION FOR WHICH OPERATIO	DN WAS PERFORMED	IN	IF YES, WERE FINDINGS USE CERTIFYING CAUSES OF DEA YES NO
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BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

CREMATION 19APRIL83 24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)

23c NAME OF CEMETERY OR CREMATORY CRATIN & FERRIS

STATE OF MARYLAND

23d LOCATION CITY OR TOWN

COUNTY WEST CHESTER,

_____, 19______, that (I) (we) last

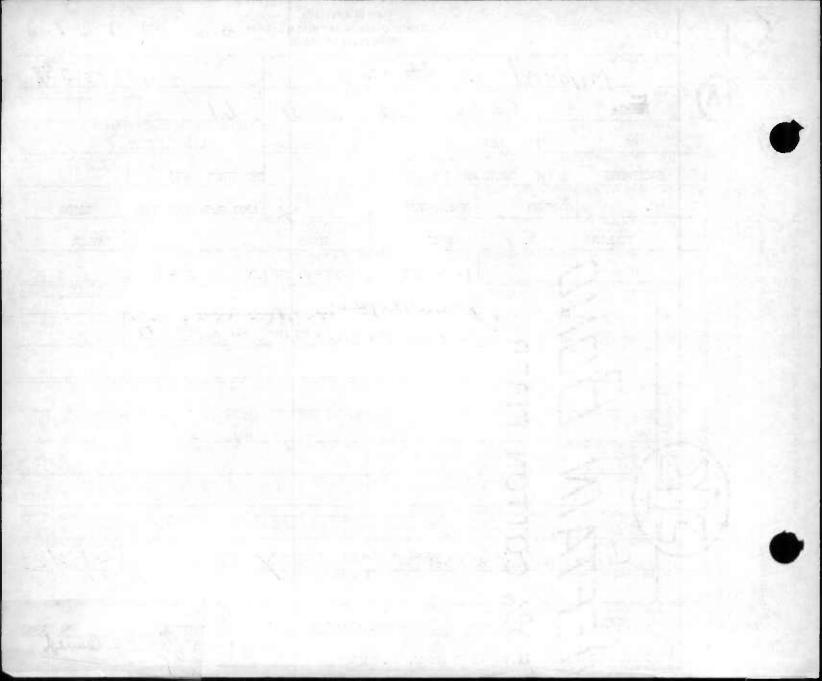
PA 19380

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ADDRESS MITCHELL FUNERAL HDME PA, HAVRE DE GRACE, MD. 21078

23b DATE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

retained by the haspital ar attending physician.

BP______ DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furshould be detached for use as the build-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

actor, page 3

				OF MARYLAND				70M A
1 -	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HY CATE OF DEATH	GIENE 8 3	10.	0 2	11
	CEASED NAME FIRST	MIDDLE		127	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
(i i re	MARL	ON	ST	ASTAK	APRIL 22	1983		12:55
. SEX	n	4. RACE	5. DATE O	F BIRTH YEAR	6. AGE (IN YEARS LAST B		ONTHS DAYS	IF UNDER 24 HR
- DII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR		117/04	9. BALTIMORE CITY	YRS.	OF DEATH	
	COUNTRY)	12 C A	MARRIED	NEVER MARRIED DIVORCED	BALL	TO	CITT	~
10. CF	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR.	SING HOME O	ROTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST		INDUSTRY	BUSINESS
	SALTO	011011011		5 F.			AIRS	RAFI
13a. S	AL RESIDENCE (IF NURSING HOME OR ISTATE IS A COUN	TY 13c. CITY OR TO	NWC	136. INSIDE CITY LIMITS?	13e. STREET ADDRESS	SAV	ANNI	AH
) FA	THER'S NAME FIRST	AIDDLE LAST		15. MOTHER'S MAIDEN N	11100115	. 01	- G A LAST	
IAn W	VAS DECEASED EVER IN U.S. ARA	AED FORCES? 166, SOCIAL SE	CURITY NO.	STELLY1	ADD	MALS	KA	
Walter (Y			42031	MARIE	STASIA		AB	OUE
				11111012	WIND IN		APPROXIA	MATE INTERVAL
	PART I. DE ATH WAS CAUSED	y one couse per line for (a), (b), BY: E CAUSE (a) ADVANCE [CARCI	NOMA OF THE	BLADDER		BETWEEN	INSET AND DEAT
	1881	DUE TO, OR AS A CONSEC	QUENCE OF					
	Conditions, if any, which gove rise to immediate	((b) ADVANCE	CARCI	NOMA, RIGHT	LUNG			
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	QUENCE OF					
	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVE	N IN PART 110	
ON	CARCINOMA (OF THE LARYNX						
CERTIFICATION	19a. DATE OF OPERATION	1%. CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	200 AUTOPSY?		WERE FINDING	
TIF					YES NO X	YES		№ □
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	URY IN ITEM 18 PA	RT (OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	211 LOCATION				
MED	WHILE NOT WHILE	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC)	STREET	CITY OR T	OWN	COUNTY	STATE
	AT WORK AT WORK	N attended the decorred from	FEBRU	ARY 28 10 8	3 APRIL	22,	83	hot ((we) li
	220.1 certify that (Northis haspit sow the decaded abve on above, (Nove)(idid) (did not	APRIL degreed from	83	d that in (my (our) apinio	n death accurred on the	date and hour		
	22b. SIGNATURE) view the body after death.	[DEGREE			22c. DATE S	SIGNED
		2 Anna	Derrit	ATTENDING PHYSICIAN	MEDICAL ST.	CIAN IX	4/2	22/8
	22d. PHYSICIAN'S NAME (TYPE OF	PRINT)	-0	220 ADDRESS	CHURCH HOSP			
	GOPAL	GURUSAI	AMY	100 NORTH	BROADWAY,		ORE, MD	21231
	SURIAL, CREMATION, REMOVAL		L NAME OF CI	METERY OR CREMATORY			COUNTY	STATE
(BURIAL	4/25/83	HOLY	ROSAR	BA	170c	MI	> 31/18
24 FL	JNERAL DIRECTOR	ADDRES	5	25a. D.	ATE REC'D. BY REGISTRA	REGISTE	RAR'S SIGNATU	JRE
J	G CONNE	LLY 30		1 ACE MA	4 1983	Jahr	- law	ula

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ı	- STATE REGISTRAR		CERTIFICATE OF	DEATH	REG. NO).	
	I. DECEASED NAME FIRST (TYPE OR PRINT) EUGENE	PAUL	STASTNY	SR.	APRIL 20	, 1983	25. HOUR 7. 2:30 M
	3. SEX 2 MALE,	4. RACE WHITE	5. DATE OF BIRTH	1901	6. AGE (IN YEARS LAST BIRTI	HOAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) BALTO MD	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER	NARRIED U	BALTIMO BALTIMO	RE CITY	MD.
110	2	THE "JOHNS" HOP		TTAT.	120 USUAL OCCUPATION OF WORK FOR MOST OF		L IND.
	USUAL RESIDENCE IF MURSING HOME OR 130. STATED HIS COUNTY ANDE	ARUNDEL HAVEN	WN 13d. INSIDE YES □	NO 🔀	130. STREET ASDRESS	ois Ro.	21401
1	JOHN	MIDDLE STASTNY	HI	FIRST A	MIDDLE	REZE	K
1	16a. WAS DECEASED EVER IN U.S. AR.	F WAR ORDATEST	8106 JERI	1	STASTNY	# 13	21401 XIMATE INTERVAL NONSET AND DEATH
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF TO THE CONSEQUENCE OF THE CONSEQUENCE O	UENCE OF	D TO THE TERMIN	NAL DISEASE OR CONE	DITION GIVEN IN PART 1	Ita
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICE	H OPERATION WAS PERF	ORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
0	110. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER THE UNDER AT WORK AT WORK	HOUR A.M. MONTH	DAY YEAR 19 211. LOCAT		ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	STATE
	220. I certify that (1) (this haspi	or attended the decorded from ADN 19. It) view the body after death. Puposala Pepining Penyalan Penyalan Penyalan Penyalan Penyalan	63	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	te and hour and from the	, that (1) (we) last e causes stated E SIGNED
	130. BURIAL, CREMATION, REMOVAL	23b. DATE /1983 /14	NAME OF CEMETERY OF	SEM CEM	23d. LOCATION CITY OR TOWN AND HOO	us A.A.	MD.

DHMH - 16 50M 4/B2 (VRA 15, 4)

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March & Commence of the Commen	James James Jo
	James Lines
4/23/935 HILLERST WANTER HUDDENS FLA FID.	

2	1.	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL HY ICATE OF DEATH	GIENE & 3		0 2	1 3
		CEASED NAME FIRE EOR PRINT) DUES	E (Duen	Se)		TATON	20 DATE OF DEATH	MONTH DA	YEAR	7 30 A
	3. SE	× M	4. RACE Bla		5. DATE C		6 AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS
Of once.	(RTHPLACE (STATE OR FOREIC COUNTRY) N.C.	U	WHAT COUNTRY?	WIDOW	The state of the s	9 BALTIMORE CITY O		ty	M
Toller	В	altimore	Mercy	HEACILITY, GIVE STREET HOSPIT	address)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C		12b. KIND O INDUSTRY	F BUSINESS O
35	13a. S	MD	OME OR OTHER INSTITUTION. COUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltin	/N	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e. STREET ADDRESS 2954 Pre	sstma	n St.	212:
300		Lillie	WIDDIE	Staton		15. MOTHER'S MAIDEN N FIRST Harriet	WIDDLE	17 6	Clendo	- 5n
event, the medica			.S. ARMED FORCES? YES, GIVE WAR OR DATES)	718-09-		Bettie Ca				on St
injury, ar ather traumatic eve		Conditions, if any, wh gave rise to immedia cause (a), stating underlying cause la	ich (b) ore the ost. (c)	R AS A CONSEOU	ENCE OF	not related to the ter	sui	IDITION CIVE	3/28	
	CERTIFICATION	190. DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES,	WERE FINDIN	NGS USED
if item 21 is marked or item 18 shows any	MEDICAL CER	210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	(AMINER) HOUR A.	M. MONTH D.	19	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU		COUNTY	STATE
T. If Nem 21 is man		22a. I certify that (1) (this sow the deceased of above, (1) (we red) 22b. SIGNATURE	did not) view the body	19 8		nd that in my our) apinion DEGREE ATTENDING PHYSICIAN	MEDICAL STA	.FF		
MPORTANT:		1210HALSD		HICOM	MD	22a. ADDRESS				

STATE OF MARYLAND

23¢. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

should be detached for use as the with the State Dept of Health and

TO FUNERAL DIRECTOR:

24. FUNERAL DIRECTOR Wm. March F/H 1101 E. North Ave.

4/20/83

23b. DATE

23g BURIAL, CREMATION, REMOVAL (SPECIE Burial

23d LOCATION
CITY OR TOWN
Baltimore

21216

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STATE OF MARYLAND

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1 - STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	10414
1. DECEASED NAME FIRST	Elizabeth	Stavas	20 DATE OF DEATH MONTH	2 2 83 11:47AN
3. SEX Female	1. RACE Caucasian	S. DATE OF BIRTH MONTH DAY YEAR 10 6	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		City MD
Baltima &	11. NAME OF HOSPITAL, NURSIN CIF NOT IN SUCH FAGGETY, GIVE STREET,	ADDRESS) Ceneral Hosp	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	MG LIFE) W.B. KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	•	

Md.	Baltimore	Be l'imore	YES NO	35/8 7 5%.	21 225
19 FATHER'S NAME	WIDDIE	Nelson	13. MOTHER'S MAIDEN NA!	Brethauen	- ENECKHOWEK
160. WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 216-16-9700	17. INFORMANT Madica	ADDRESS Same / Rocord Frank	
Conditions, if ony gove rise to im cause (a), stati	DUE TO, C	Hypoteneium OR AS A CONSEQUENCE OF Ducto I Brea OR AS A CONSEQUENCE OF			APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [

NO [216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH P.M. 19

(IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY

NOT WHILE 220.1 certify that (1) this hospital ottended the deceased from sow the deceased alive on above, (I) (we) (did) (did not and that in (my Vaur) opinion death occurred on the date and hour and from the causes stated

STREET

(did not) view the body ofter death. 12c DAJE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

224 PHYSICIAN'S NAME OF PRINT 22e ADDRESS

236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL edan Hill Burial emeteru

24 FUNERAL DIRECTOR

Balta Md., 212. Funeral Homes

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

250. DATE REC'D.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR:

nding physicion and completely filled in by the funeral direct carbanpapers. Pages 1 and 2 should be filed within 72 hours

the ottending physicion

After this certificate has been signed by e as the burial-transit permit. Then please alth and Mental Hygiene prior to burial, cr

ottending physicion

Id the detached for use as the burial-transit permit.
The State Dept. of Health and Mental Hygiene prior

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MPORTANT: If Item 21 is

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CERTIFICATION

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STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPARTA		EALTH ANI	MENTAL HY	GIENE 8	REG. N	0.	0	Seq.	7	Ci
	CEASED NAME	FIRST	N	IDDLE	t	AST		2a. DATE	OF DEATH	MONTH	DAY Y	EAR	26 HOL	JR
{146}	ORPRINT) MYRT	LE A	dele	ST	AW	ICKT	org contr formers		Af	2R 1	2,19	83	14	-Opm
3. SE	x	4. F	RACE		5. DATE C			6 AGE	IN YEARS LAST BIR	THDAY)	IF UNDER		IF UNDER	
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B	ALTO CIT	Y	JFL N	OSPITAL, NURSIN FACILITY, GIVE STREET WWW.	ADDRESS)	- :0	CH.		AL OCCUPATION FOR MOST CONTROL OF		(FE) 12b. K	STRY		ing
130. S Ma	ryland	13b COUNTY	er institution	Balto.		YES XX	CITY LIMITS?		S ADDRESS Wrie	ght A	lve.	21	205	;
14. FA	THER'S NAME Willi	am Mily	21E	Trite	=1	15. MOTHE	R'S MAIDEN NA FIRST Adele	AME	WIDDIE		3rool			
	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMEI (IF YES, GIVE W)		217-34-		17. INFORM		Eng.	ADDRE Lebre	9 4	3807 2112		rst	, Av
	18. CAUSE OF DEATH PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), stofin underlying couse	which dedicate g the	Y: AUSE (o) DUE TO, OR	Card	nce of oear	espi dia	ratore Vear	y a arch	rrest on		BET	L-f-1	12a	
CERTIFICATION	PART 2 OTHER SIGN			NTRIBUTING TO D					ASE OR CON	20b. IF YE	VEN IN PA	FINDING		
MEDICAL CERTIF	21g. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WH ALT WORK ALT WORK	AUSE OF DEATH (AL EXAMINER)	21b. TIME OF HOUR A.A P.A 21e. PLACE C (AT HOME, STRE	A. MONTH DA	19	21c. HOW		YES _		RY IN ITEM 18	PART I OR PA		NO [STATE
	22a.l certify that (I) sow the decease above, (I) (4e) (d 22b. SIGNATURE	(th/s hospital)	2 apr 8	? 3 19	, on	d that in (m	y) (com) opinion	MEDICA		FF			ouses st	
	22d. PHYSICIAN'S NA E. G.	BEA	CHAI	MMID.		22e. ADDR					, Md	1.		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and co should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is morked or Item 18 shows any TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

injury, or other troumotic event, the medical

230 BURIAL, CREMATION, REMOVAL Burial 4-15-83

23¢ NAME OF CEMETERY OR CREMATORY Baltimore National

23d LOCATION CHY OR TOWN Baltimore

24 FUNERAL DIRECTOR
Lassahn Funeral Home 7401 Belair Rd. Balto., Md. 21236

23b. DATE

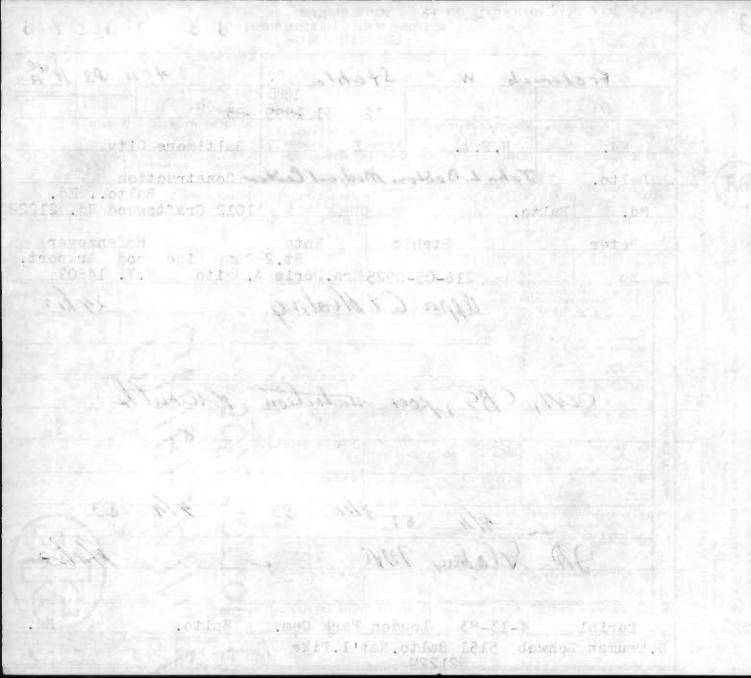
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REGISTRAR 256 REGISTRAR'S SIGNATURE

City Hospital Baltimore,

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		CEASED NAME FIRST	MIDDLE	LAST	20. DA	REG. NO.		HOUR 4
den	-	freder	ick W.	steh	10	4	11 83	11 1
office	3. SEX	m	(RACE	5. DATE OF BIRTH	DAY TEAR	(IN YEARS LAST BIRTHDAY)		OURS 24
200 J	7/ BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	12 TRY? 8.	31 1 899 -8	TIMORE CITY OR COUNT	Y OF DEATH	_
1 (33)		OUNTRY)		MARRIED L NE	EVER MARRIED -			
90.4	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		R INSTITUTION 120. U	SUAL OCCUPATION	176. KIND OF E	USINES
1 40		Balto.	John L. Do		1 17 11	Constructi		
	USU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)			ilto., M	6
100	130. 3	Md. Bal		YES [REET ADDRESS BO	rood Rd.	#27
2 sh)4. FA	THER'S NAME	MIDDLE LAS		THER'S MAIDEN NAME	WIDDLE		4
and Cas		Peter		ehle	Kate			er
dicol		AS DECEASED EVER IN U.S. A			ORMANTRt.2 Ca		od Ark	
Poges medico		No			Doris A.S		Y. 1480	
d by the ottending pelease remove corbonical, cremotion, ar remote corporate of the corpora		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause last.	DUE TO, OR AS A CON-	SEQUENCE OF	- our rug		371	
been signe mit. Then p prior to bur any injury.	CERTIFICATION	PART 2: OTHER SIGNIFICANT		HOOF ME	treleon	AUTOPSY® 20h IF YA	ES, WERE FINDING IFYING CAUSES OF	S USED DEATH NO
8 9 9 6 V	ERT	71a ACCIDENT WAS UNDERLYING		H DAY YEAR	The second of th	THE THIRD OF THE OF	, , , , , , , , , , , , , , , , , , , ,	
ronsit per Hygiene		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTI					
ronsit per Hygiene			HOUR A.M. MONTI P.M. 21e. PLACE OF INJURY	19 211 LO	CATION		COUNTY	
his certificate has burial-transit per dimensional Hygiene or Item 18 shows	MEDICAL CERTI	OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTI	19 211 LO	CATION STREET	CITY OR TOWN	COUNTY	STA
ronsit per Hygiene		OR CONTRIBUTING CAUSE OF D (# EITHER, NOTIFY MEDICAL EXAMIN 71d. IN JURY OCCURRED WHITE NOTI WHITE AT WORK 72a. I certify that (1) (this hosy saw the deceased alive a	HOUR A.M. MONTI P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	19 211 LO FFICE, FARM, ETC)		7/4	, 19.8-3_, tho	t (1) (we
DIRECTOR: After this certificate has ached for use as the buriol-transit per Dept. of Health and Mental Hygiene If them 21 is marked or Item 18 shows		OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMIN 171d. INJURY OCCURRED WHITE NOTIFY HITE AT WORK 172a. I certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did) 172b. SIGNATURE	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	19 211. LO from 3 /// 19 0 , ond that in	1983, to (my) (our) opinion death of ATTENDING MED PHYSICIAN DIKE	7/4	, 19.8-3_, tho	t (1) (we
NECTOR's certificate has NECTOR's per hidden or the buriel-tronsir per ept. of Health and Mental Hygene Hem 21 is marked or Item 18 shows		OR CONTRIBUTING CAUSE OF D (# EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22e. I certify that (1) (this has saw the deceased olive a above, (1) (we) (did) (did)	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	19 211. LO from 3 /// 19 0 , ond that in	ATTENDING MED PHYSICIAN DORESS	occurred an the date and ha	, 19.8-3_, tho	t (1) (we



n and campletely filled in by the funeral direct Pages 1 and 2 should be filed within 72 hours.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0277

1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HY	GIENE 8 3	NO.	0 2	2 /	1
	CEASED NAME	FIRST	N	AIDDLE	LA	AST	2a DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	1/1
TYPE	OR PRINT)	MENDEL			STEI	NBERG	APRII	15, 19	83	774	JAM.
3. SE	Х	4. RAC	Ē		5. DATE O		6. AGE (IN YEARS LAST		UNDER I YEAR		HRS.
	MALE		WHIT	Е	ĴŨŇ	E 16, 1895	87	YRS.	NIHS DAYS	HOURS	NIN.
	RTHPLACE STATE OR FO	OREIGN 76. CIT		WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O			
	ROMANIA		USA		WIDOWE						MD
	ALTIMORE		NOT IN SUCE	HOSPITAL, NURSING H FACILITY, GIVE STREET A CLARKS L	DDRESSI	PT. 415	120 USUAL OCCUP. (TYPE OF WORK FOR MO! SALESM		INDUSTRY RE	OF BUSINESS TAIL	OR
13a. S	AL RESIDENCE (IF NURSI STATE ARYLAND	NG HOME OR OTHER II 13b. COUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN BALTIMOR	v 1	138. INSIDE CITY LIMITS?	130 STREET ADDRES	ŠKS LA.	APT. #21		
19. FA	ATHER'S NAME LEIB	WIDDLE		STEINBERG		RUHLA	AME MIDDLE	UN	IKNOWŃ	AST	
	vas deceased ever yes, no or unknown) NO	IN U.S. ARMED FI JIF YES, GIVE WAR C		212-46-3			RS. JANETA LA. BAL'		2.	PT. 41.	
	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which pediate g the	UE TO, OF	R AS A CONSEQUE		D-SCVD	il doğun	ettin	10,	An m	
TION						NOT RELATED TO THE TER					
TIFICA	19a. DATE OF OPERAT	nene-	b. CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?			S OF DEATH?	
MEDICAL CERTIFICATION	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	P./	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF II	JURY IN ITEM 18 PAR	IT 1 OR PART 2)		
MED	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE		OF INJURY BET, FACTORY, OFFICE, FA	ARM ETC)	21f. LOCATION STREET	CITY OF	TOWN	COUNTY	STAT	E
	22a.l certify that (1) saw the decease above, (1) (we) (d	d alive an	4	19	3 , on	d that in (my) (our) apinion	death occurred on the	dote and hour			
	22b. SIGNATURE	mul.	Fel	Iml-	VA.	PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN []	22c. DATE	15/8	3
	22d. PHYSICIAN'S NA MAURI (CE FELDM		1.D.		6610 CRC	SS COUNTRY	BLVD.	#2121	15	

DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After this certificate has been signed by hauld be described for use as the burial-transit permit. Then please

as the burial-transit permit. marked ar Item 18 sh

should be detached for use with the State Dept. of Hea IMPORTANT: If them 21 is m

APR.17,1983 CHIZUK AMUNO

PROPERTY BURIAL APR.17,1983 CHIZUK AMUNO

REISTERSTOWN RD. BALTOS, MD 21215 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23b. DATE

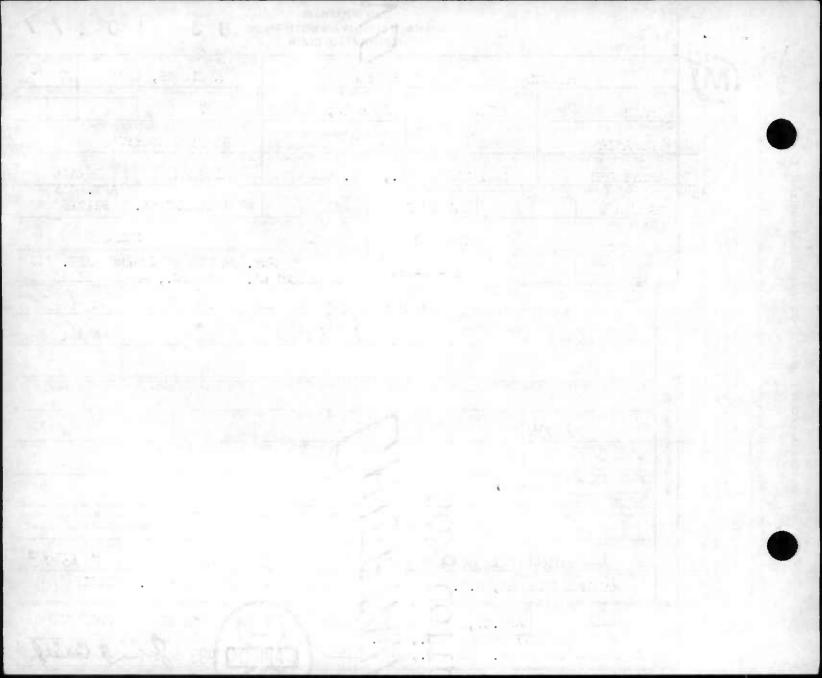
APR.17,1983

23c. NAME OF CEMETERY OR CREMATORY

BALTTMORE

COUMARYLAND

APR 20



	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 3	102	78
		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MONT	H DAY YEAR	26 HOUR
ofter deoth	,,,,,		nine	S	tephens	April 29,	1983	3:174
Ter d	3. SEX		4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS
0	-	Female	Black	Ap			YRS. 10	HOURS MIN.
35	0	RTHPLACE (STATE OR FOREIGN OUNTRY)		MARRII	ED NEVER MARRIED	Baltimore CITY OR CO		MD.
ted with	10. CI	Baltimore	The Johns	SING HOME		128 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WOR		BUSINESS OR
ould be	USU/ 13a, S	I DESIDENCE DE NURSING HOM	OR OTHER INSTITUTION, GIVE RESIDENCE BE OUNTY 136. CITY OR TO	NWC	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 2412 E. P	reston St	113
Bud 2 sh		THER'S NAME FIRST	MIDDLE LAST	ald	15. MOTHER'S MAIDEN NAME FIRST Janice		LAST	
Poges		AS DECEASED EVER IN U.S.			17 INFORMANT	ADDRESS		
it. Then please remove corbinate to buriel, cremotion, or to buriel, cremotion, or ty injury, or other froumotic	ATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICATION 19a DATE OF OPERATION	DUE TO, OR AS A CONSE	OUENCE OF		IINAL DISEASE OR CONDITIC	DN GIVEN IN PART 110	
ws or	CERTIFICATION	176 DATE OF OPERATION		CH OFERATR	ON WAS PERFORMED	YES NOX	CERTIFYING CAUSES	OF DEATH?
Po Gie	w							
riol-tronsit		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FDEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	TEM IB PART I OR PART 2)	
buriol-tr d Mental	MEDICAL C	OR CONTRIBUTING CAUSE OF	FDEATH HOUR A.M. MONTH	19	211. LOCATION STREET	RED (ENTER NATURE OF INJURY IN I	COUNTY	STATE
for use os the buriol-tr of Health and Mental I		OR CONTRIBUTING CAUSE OF CHEER NOTIFY MEDICAL EXAMINATION OF CURRED OF CONTRIBUTION OF CONTRIB	HOUR A.M. MONTH P.M. 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	TO THE PART OF THE	21f. LOCATION STREET 19 3 and that in (m/ (our) opinion	CITY OR TOWN	COUNTY	STATE hot M (we) lost
deforhed for use as the buriol-in tote Dept. of Health and Mental I		OR CONTRIBUTING CAUSE OI (IF EITHER, NOTIFY MEDICAL EXAM 2)d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that all (this has we the deceosed olive)	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	TO THE PART OF THE	211. LOCATION STREET 19.03 and that in (rpf (our) opinion DEGREE ATTENDING PHYSICIAN	CITY OR TOWN	COUNTY	STATE hot At (we) lost
be detached for use as the buriol-tr State Dept. of Health and Mental I FANT: If them 21 is marked or them	MEDICAL	OR CONTRIBUTING CAUSE OF CHEET CAUSE OF	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI Disspitol) attended the deceased from the poly view the body office death.	19 CE. FARM. ETC)	211. LOCATION SIREET 19 3 and that in (m) (our) opinion DEGREE ATTENDING PHYSICIAN [272 ADDRESS	CITY OR TOWN 1, to 4/29 death occurred an the date a MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY	STATE hot In (we) lost
oched for use as the buriol-in Dept. of Health and Mental I If Item 21 is marked or Item	WEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF CHEER NOTIFY MEDICAL EXAMINATION OF CURRED OF CONTRIBUTION OF CONTRIB	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI Disspitol) attended the deceased from the poly view the body office death.	19 CE. FARM. ETC)	211. LOCATION STREET 19.03 and that in (rpf (our) opinion DEGREE ATTENDING PHYSICIAN	city or town 10 4 24 death occurred an the date a	COUNTY	STATE hot In (we) lost
PEARL CONTROL IN THE HIS COLUMN TO BE ENGINEED FOR THE STORE DEPT. OF Health and Mental I ANT: If them 21 is marked or from 1	WEDICAL	OR CONTRIBUTING CAUSE OF CHEETER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK A WORK 22e. I certify that my (this has we the deceased alive above, f) (we) (did) (did) 22b. SIGNATURE URIAL, CREMATION, REMO)	FOEATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI rospitol) attended the deceased from the property of the pr	TO SE NAME OF	211. LOCATION STREET 19 3 and that in (mr. (our) opinion DEGREE ATTENDING PHYSICIAN 222 ADDRESS CEMETERY OR CREMATORY HOOKINS HOS	city or town 129 death occurred an the date a MEDICAL STAFF DIRECTOR PHYSICIAN CONTRACTOR OF CONTRACTOR 234 DCATION CITY OR TOWN	county 1983, nd hour ond from the county HOSPI county	state hot di (we) lost ouses stated SIGNED STATE Marvla

AC RODAN : I . PAR-PILL RATE PROPERTY STEELS Johnson William M. J. S. S. Monroll requires that the death certificate be executed within 24 hours after death. Page

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8 3	1 0) 2	7 9
	ECEASED NAME FIRST		MIDDLE	L.	AST	20. DATE OF DEATH	MONTH DAY	. YEAR 2b.	HOUR
(TY)	PE OR PRINT) Carr	011	н.	Ste	evens		4 27	83	М
3. SI		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	(HDAY) IF UND		UNDER 24 HRS
	Male	В1а	ck	MONTH 4	15 06	7.5	YRS.		,,,,,,
7a. E	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF D	EATH	
	Virginia		.A.	WIDOWE	D DIVORCED	Baltimo			MD.
10. 0	CITY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INSTITUTION	120. USUAL OCCUPATE TYPE OF WORK FOR MOST O	ON 121 F WORKING LIFE) IN	b. KIND OF B	USINESS OR
	Baltimore	Prov	ident Ho	ospi	tal				
USU 130.	JAL RESIDENCE (IF NURSING HOME STATE 136. CC	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	136 INSIDE CITY LIMITS?	13. STREET ADDRESS		21215	5
M	aryland		Baltin		YES 🛛 NO 🗌	4230 Pa	rk Heig	hts A	Avenue
14. F	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAST	
1	Joe	moore .	Floyd		Florence			Vilsor	n
16a.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECUP	RITY NO.	17. INFORMANT	ADDRE	SS		
	NO	GIVE WAR OR DATES!	217-03-9	9098	George Ste	vens 27 N	Abbing	ton A	Ave
	18. CAUSE OF DEATH IERTER PART I. DEATH WAS CALL IMMED Conditions, if ony, which gove rise to immediate couse (o), stating the	DIATE CAUSE (0) DUE TO, C	or AS A CONSEQUE	NCE OF	COPD	erest.		SETWEEN ONS	TE INTERVAL
CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 190. DATE OF OPERATION 19b. CONDITION FOR WHICH					200 AUTOPSY? 20b. IF YES		IVEN IN PART 110. ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? VES \(\text{NO} \)	
T W	21a. ACCIDENT WAS UNDERLYING		OF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	OR PART 2)	
¥	OR CONTRIBUTING CAUSE OF	DEATH	.M.	19					
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY PREET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn c	COUNTY	STATE
	220.1 certify that (1) (this ha	ospital) attended t	he deceased from_		19	to	. 19	, tho	ot (I) (we) lost
-	sow the deceased alive above, (I) (we) (did) (did	on	19	. 0	nd that in (my) (aur) apinion	death occurred on the d	ate and hour and	from the cou	uses stated
	226. SIGNATURE AC	ul U	berai		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _	22c. DATE SIC	GNED
	22d. PHYSICIAN'S NAME (TO	LIBER	OL		200 Address Libe	~ 4	21211	LET HO	ospilal
230	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	236. LOCATION CITY OR TOWN	cor	UNTY	STATE
	"BURIAL	5/2/8	33 M	ount	Auburn Cem	. Baltim	ore	Mo	d .
24.	FUNERAL DIRECTOR		ADDRESS			REC'D BY REGISTRAR	REGISTRAR	SSIGNATUR	ul
W	Im C March F,	/H Inc.	1101 E	Nort	h Ave. APT	1 4 0 1300	James	7	

BP DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 haurs ofth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other froumatic event, the medical

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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may etained by the haspital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours at with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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MPORTANT: If Item 21 is

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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ı	- STATE REGISTRAR	DEFARIA	CERTIFICATE OF DEAT	H	102	0 0
ŀ	1. DECEASED NAME FIRST	MIDDLE	LAST	REG. No		2b. HOUR
1	(TYPE OR PRINT)		<i>C1</i> .	IN. DATE OF BEATT	A	155
ļ	DOTORE	YNDIN 5	otevens	- 4	7 25 83	PM
1		1. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	MONTHS DAYS	HOURS MIN.
ı	temale	Cavc.	6 28 1	8 74	YRS.	
-	PO BIRTHPLACE (STATE OR FOREIGN)	L CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRI	9 BALTIMORE CITY O	R COUNTY OF DEATH	
	Maryland	U.S.A.	WIDOWED DIVORC			MD.
	10. CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) 		ON 120 USUAL OCCEPATI		F BUSINESS OR
1	Baltimore	mera	Hospital	Housew	ife -	, ma
J	TSUAL RESIDENCE (IF NURSING HOME OR C	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		AITS? 13e STREET ADDRESS		
X	Maryland	10.11	YES NO		istern Ave	21224
t	14. FATHER'S NAME		15. MOTHER'S MAIL	DEN NAME	300111 / 110	12/00/
ı	wayne la	NIDDLE LAST	PIRST	M MIDDLE	D LAST	
+	160 WAS DECEASED EVER IN U.S. ARA	AED FORCES? 16b. SOCIAL SECU	RITY NO. 17 INFORMANT.	Ty langar	ene von	nelly
ı		WAR OR DATES	- Edward	E. Stevens		111
ı	No.	116-05-	3788B 1727	Eastern Ave	Battimon	· Md.
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y ane cause per line for (a), (b), on	d (chi)	4.3	APPROXIA BETWEEN O	MATE INTERVAL
1		CAUSE (D) COMPEST	IVE Cardion	Deathy		
١	4754	DUE TO, OR AS A CONSEQUE	NCE OF			
١	Conditions, if any, which	(Bheun	atic heart	disense		
ŀ	gave rise to immediate	DUE TO OR AS A SOMETON	incr of	#		
ı	underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF			
١	DART 2 OTHER SICNIES ANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELATED TO T	TO SO	DITION CIVIN DI DART 1	
1		ONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO TH	TE TERMINAL DISEASE OR CON	DITION GIVEN IN PART ITO	
4	19a DATE OF OPERATION	atrial til	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING	CC USED
4	S INC DATE OF OPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOF31:	IN CERTIFYING CAUSES	
4	RTII			YES NO	YES 🗌	№ □
	00.000.000.000.00	21b. TIME OF INJURY HOUR A.M. MONTH DI		OCCURRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
4	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		19			
1	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	21f. LOCATION	CITY OF TO	OWN COUNTY	STATE
1	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFICE F	ARM, ETC.)			
	22a. I certify that (I) (this haspite	all attended the deceased from_	4/11/83 19	83 to 4/25	183 19 - 1	hat (I) (we) lost
١	saw the deceased plive an	4/25	82 one that in (my) (our)	opinian death occurred on the de		
1	above, (I) (we) (did) (did not	yes the body after death.	DEGREE		224 DATE S	IGNED
1	Mari	In that	ATTEN		/ /	100
4	Nº Blan	NIMITA	PHYSI			5/83
	MYSICIAN'S NAME (TYPE OR	C C / LO	722e ADDRESS	11	. 1 1	1

FOR

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/B2 (VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL ISPECTOR DUCING THE FUNERAL DIRECTOR NICKOBLS T. Mat Matthaus, 30210 Eastern

LATORY 23d LOCATION COUNTY BATTER OF THE PROPERTY OF THE PROPE

The Desire Lindberg with the water below to the Female Carrier Carrier will be the the state of the st I Stranger the testing of the control of the Maryland Baltimere I of a 1727 Garage Art 1829 Thomas Province Bang Machiner Danielly Let and a second of the letter of the and the property of the theory of the thing According to the case -The state of the s B. A. S. J. W. Hard - S. S. Word L. El Will Lein El Lamon El James El James Holl VINCES TO MAKE SERVE SERVE SERVE TO SERVE SERVE

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1.	FOR STATE REGISTRAR			EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 3 3).	0 2	281
	CEASED NAME FIRST	MIDDLE	1000	AST	2a DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR
- 5	TENEW YAUL	C STEVEN.		SR.	APRIL	1,19		4 A
3. SE	X 4.	RACE	5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRT		ONTHS DAYS	HOURS MIN.
	Male	White	4.	- 19 - 03	19	YRS.		
	RTHPLACE (STATE OR FOREIGN 76	U. S . A.	8. MARRIED WIDOWEI	NEVER MARRIED '	9. BALTIMORE CITY O	CIT.	OF DEATH	м
10. C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING		ROTHER INSTITUTION	12a. USUAL OCCUPATION			OF BUSINESS OF
	BALT	Union Memor		Hospital	Retire	Haule		iture
USÜ 13a. :	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE A Y 13(. CITY OR TOWN -TOCH + BAL-TO	DMISSION)	13d. INSIDE CHY LIMITS?	130. STREET ADDRESS	adon?	Plac	2
14. F/	ATHER'S NAME	IDDLE LAST		15. MOTHER'S MAIDEN NAM	VE WIDDLE		LAS	27
		illiam Stevenson	1	FIRST	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	therin		
	VAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16b. SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDRE	SS		
	YES AUX 1920-		93	MILDRED STE	VENSON 14	132 W	eldont	1. Balta
	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.		men e	ery Arrest / man	pudden de	ath able arm		imate interval Onset and death
_	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE OR CON	OITION GIVE	N IN PART 1	0
5		ior LUL mass						
CA	190. DATE OF OPERATION	196. CONDITION FOR WHICH C	PERATION	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	NGS USED S OF DEATH?
RTIF	NONE				YES NO	YES		NO 🗆
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUS	Y IN ITEM 18 PAI	RT 1 OR PART 2)	
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	RM, ETC)	21f. LOCATION STREET	CITY OR TO	NN	COUNTY	STATE
	22a.1 certify that (this haspital saw the deceased alive on above, (1) (1) (1) (1) (1)			th 38 19 83 ad that in (my) (spinion d	eath accurred on the de	ote and hour		that 🐴 (we) last causes stated
	22b. SIGNATURE	/ /		DEGREE	urplea.		22c. DATE	SIGNED
	Windy &	low		ATTENDING PHYSICIAN	MEDICAL STAF	IAN	4/1	183
	22d PHYSICIAN'S NAME (TYPE OR	PRINT)		22e. ADDRESS				

BP.

TO HOSPITAL

etained by the haspital ar attending physician OR ATTENDING PHYSICIAN:

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar remaval.

injury, at other troumatic event, the medical expm

IMPORTANT: If them 21 is marked or them 18 shaws any

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 23b. DATE 4/5/83

231. NAME OF CEMETERY OR CREMATORY Hely Cress Cemetery 1. 250. DATE REC'D.

23d. LOCATION
CITY OR TOWN
Brooklyn

MD

24. FUNERAL DIRECTOR

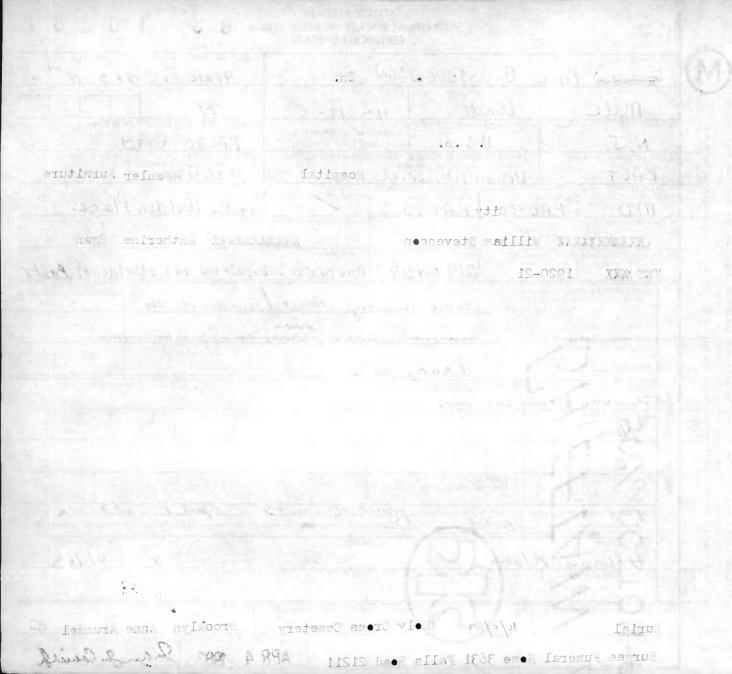
UNERAL DIRECTOR

NAME

Burgee Funeral Heme 3631 Falls Read 21211

APR 4 1983

Brooklyn Anne Arunde
By REGISTRAR 256 REGISTRAR'S SIGNATURE



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STATE OF MARYLAND

	1-	FOR STATE REGISTRAR			DEPARTN		IEALTH AND MENTAL HYG	IENE 8 3	0.	0 2	8 2
		DECEASED NAME TYPE OR PRINT) FRANCIS SEX 14. RACE			J. J	FICE S. DATE O	Kline	4 20 83			2b. HOUR
	3. SEA	Male		Cau	c.		8/15/03 YEAR	6. AGE (IN YEARS LAST BII		NTHS DAYS	HOURS MIN.
,	2 0	RTHPLACE (STATE (COUNTRY) Md.			WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED D	9. BALTIMORE CITY C Balt	o. City		MD
1	4	Balto.		PERRING	6 PKWY	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST)			OF BUSINESS OR
200	13a. S	Md.	13b. COUNT		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREST ADDRESS	rittent	on Pl.	21211
d	14. FA	THER'S NAME FIRST	? "	IDDLE	LAST		15. MOTHER'S MAIDEN NA/	WE		LAS	it
		YAS DECEASED EV		ED FORCES? WAR OR DATES)	16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
		Conditions, if a gave rise to i cause (a), sto underlying cou	ny, which mmediate iting the	DUE TO, OF	R AS A CONSEQUE		er of Th	WHA NEE		3	YPS-
7	TION			ONDITIONS <u>CC</u>			NOT RELATED TO THE TERM				12
7	CERTIFICATION	190 DATE OF OPER	RATION	196. CONDI	TION FOR WHICH	OPERATIO	n was performed	20a AUTOPSY?	20b. IF YES, VIN CERTIFYII	NG CAUSES	
	MEDICAL CER	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY M 21d. INJURY OCCU WHILE AT WORK	CAUSE OF DEAT	P.A.	M. MONTH DA M.	19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU		COUNTY	STATE
		22a I certify that saw the der above (I) we	(1) (this haspite	ew the body	20/19	\$3.0	nd that in (my) (our) opinion of	death accurred on the d	ate and hour o		that (I) (we) last causes stated
		Un	thony	71	arge	7 9		TEDICAL STA	FF CIAN []	4/2	SIGNED
		Axtho	Mg F	CAL	RO 24	A	1801 Went IN	rorth Rel	BAYTO	md 2	1234

BP. DHMH-16 30M 2/80 (VRA 15, 4)

24 HUNDRAL CURECTOR
Chowelly 3615

23a. BURIAL, CREMATION, REMOVAL

Burial

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Oak Lawn

23d LOCATION CIMERIAND, Md.

STATE

.in gennealth in this Fron 1/2-PHILDER FOR THE TERM KENNIGHT TO THE TO BE TO THE TERM Apie Da Da Day

TO HOSPITAL OR ATTENDED FOR PRESIDEN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be negatived by the housest or extending physician.

10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physican and completely filled in by a shauld be detached for use as the buriol manufarment. Then please remove corban papers. Pages 1 and 2 should be filled with the state Dept. of Health and Mental Hygiene prior to buriol. Cremation, or removal.

1-	FOR STATE REGISTRAR		STATE OF MARYLAND NT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	10283
ITYPE	CEASED NAME FIRST D	A MIDDLE S'T	OCK	26. DATE OF DEATH MONTH	12-83 11:10 F
I. SE	F	W	5. DATE OF BIRTH MONTH DAY YEAR 7 13 1897	6. AGE (IN YEARS LAST BIRTHDAY)	
1	COUNTRY) MO.		MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto Coch	fff- city
1	BACTO.	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADI	DRESS) SINAI	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	
130. 5	Md. Md.	OTHER INSTITUTION GIVE RESIDENCE BEFORE ALL ITY OF TOWN	7 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	BACKRIVERN
P	Charles	JONES TONES	15. MOTHER'S MAIDEN N	MIDDLE	MILLER
	VAS DECEASED EVER IN U.S. AR. YES NO OR UNKNOWN]	MED FORCES? 16b. SOCIAL SECURI' E WAR OR DATES) ALZ-10-0	2707 CARVILL	e NADOLNY	
TION		DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TER		GIVEN IN PART I/a. YES, WERE FINDINGS USED
CERTIFICATION	190 DATE OF OPERATION			YES NO	RTIFYING CAUSES OF DEATH?
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA HE EITHER, NOTHY MEDICAL EXAMINER	TH HOUR A.M. MONTH DAY		RRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2}
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARI	M. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive an	tal) attended the deceased from 19 1) view the bady after death.	ond that in (my) (our) opinion	n death occurred an the date and	hour and fram the couses stated 22c DATE SIGNED
<	224 PHYSICIAN'S NAME LIVE O	BABUY .K	A PRINCIPAL ATTENDING PHYSICIAN PHYS	MEDICAL STAFF DIRECTOR PHYSICIAN	16tom, 1702113
73a 1	BUSIAL CREMATION REMOVAL	23h DATE 15/83 23c NA	ME OF CEMETERY OF CREMATORY	Tria LOCATION	COUNTY MA DISTATE
	0011111	11/0100	1) LAW.	191126).

DHMH - 16 50M 4/82 (VRA 15, 4)

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4-12-33 11:10 P. to the description of Md. U.S.F. 2 HOUSE HOUSE WINE BAZTO. Md. BRITO GATO. ह 539 BANKINGSMEN CHARLE JONES MARY E MILLER 212-10-2707 CHEVILLE NEDOLUNG 18 19 18 Section of Court

STATE OF MARYLAND

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Part	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY	GIENE 8 3	1 0	2	8 4
		CEASED NAME FIRE OR PRINT)	IAS	MIDDLE	877	CFA	2a. DATE OF DEATH	MONTH DAY	YEAR 2h	HOUR
	3. SE.		4. RACE	J,	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIR		1 YEAR IF	UNDER 24 HRS
		MALE		HITE	MONTH	15 20	62	YRS.		IOURS MIN.
16		IRTHPLACE (STATE OR FOREIG COUNTRY) ENNSYLVANIA		WHAT COUNTRY?	MARRIE!	NEVER MARRIED DIVORCED	9 BALTO	1-1	ATH	MD.
38		BALTO, CITY		HOSPITAL, NURSING CHEACILITY, GIVE STREET		ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF School Te	OF WORKING LIFE) INDU	JSTRY	County
35			COUNTY altimore	13c. CITY OF TOW Dunda	VN_	136. IN SIDE CITY LIMITS?	13e. STREET ADDRESS	ULCAN	مه	21222
20	14. FA	JOSEPH-	MIDDLE	STOF!	EA	15. MOTHER'S MAIDEN NA	AME		GRE	EGAR
medicol 2	1	WAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES) WW II	166 SOCIAL SECT	1001	17. INFORMANT Mary P. St	offa ADDR		ulca	n Road
lury, or other troumatic ev	Z	Conditions, if any, whi gove rise to immedia cause (a), stating to underlying cause la	ich (b)	OR AS A CONSEQUENT ON TRIBUTING TO	ENCE OF	7 C C OL O P			ART 1/0	morths
ows on in	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	AUSES OF	
18 sh	R	210. ACCIDENT WAS UNDERLYS OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR A	OF INJURY .M. MONTH D .M.	AY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I ORP	ART 2)	
rked or	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE.	FARM, ETC)	21f LOCATION STREET	CITY OR TO	OWN COU	YĪM	STATE
T: If Item 21 is mo		22a. I certify that (1) (this sow the deceased all obove, (1) (we) (did) (22b. SIGNATURE	/ / /	ofter death.	83 , or	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STA	22c.		
MPORTANT:		22d. PHYSICIAN'S NAME	TYPE OFFEREN	uss m	0	22. ADDRESS 22 S. 6	reene St	- 21	201	(
2		BURIAL, CREMATION, REM	OVAL 736 DATE	23ε	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	Y	STATE

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove corbonopopers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be

retained by the haspital or attending physician.

BP.

(VRA 15, 4)

Burial 4/18/1983 Sacred Ht.Of Jesus Dundalk Balto., Maryland

14 FUNERAL DIRECTOR DUDA - Ruck, Inc.

7922 Wise Avenue Dundalk, MD. 21222 APR 181983

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within 24 hours ofter death. Poge

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medicolle

IMPORTANT: If them 21 is morked or them 18 shows or

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

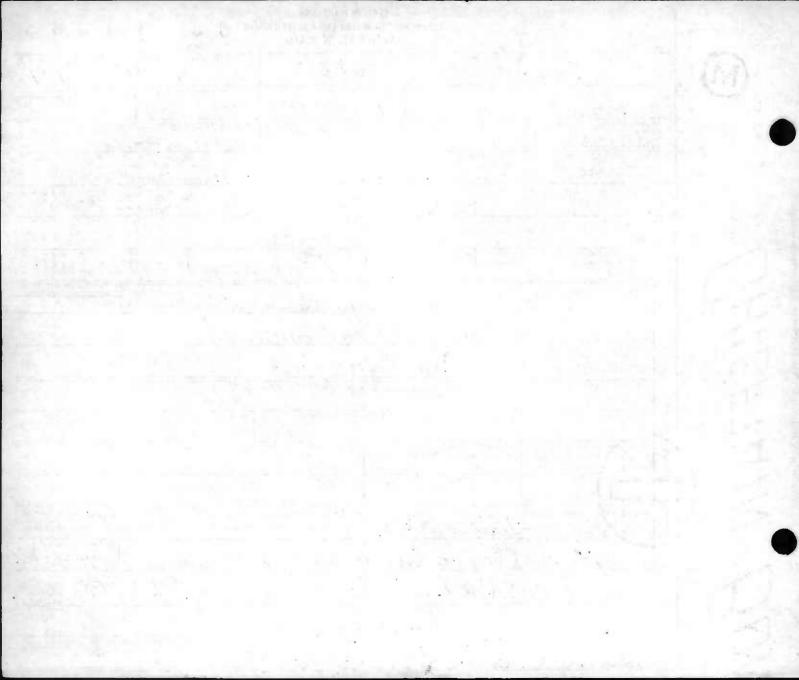
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1	- STATE REGISTRAR		CI	ERTIFICATE OF DEATH	0	REG. NO.	0 4	0 0
	CEASED NAME PIRST	RA	DDLE	STOKES	20 DATE C	OF DEATH MONTH	DAY YEAR 4-83	100 PM
3 SE	Finale	4 RACE Blac		DATE OF BIRTH MONTH DAY YEAR 6 20 189	2	YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY? 8	ARRIED NEVER MARRIED	9 BALTIM	ORE CITY OR COUNTY	Y OF DEATH	
	parks, Md.	USA		DOWED DIVORCED	-	P + i m = t = 0	1.4	140
	ITY OR TOWN OF DEATH	0.011		OME OR OTHER INSTITUTION		LIMORE C	126 KIND OF	F BUSINESS OR
B	altimore		FACILITY, GIVE STREET ADDRE			ined (Non	FE) INDUSTRY	
13a :	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	ROTHER INSTITUTION, G	ive residence before adm 3c. CITY OR TOWN Balto.	ISTON) 13d INSIDECITY LIMIT YES XX NO [ADDRESS Balt W. Fauet	o. Md.	21223
14 F/	ATHER'S NAME	WIDOLE	LAST	15. MOTHER'S MAIDE	NAME			
J	ohn	MIDOLE	Powell	Carol	Line	WIODIE	LAST	- 30
(VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (1F YES, GIV NO		6b SOCIAL SECURITY 2 1 9 - 0 5 - 5 7	NO. 17. INFORMANT 7180 Anna Fai	intlero	y 1301 B	lto 2 inches	1217 ter St
z	Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A DOSEOUE		AS A PRISEOUENCE	e Healt to	ency	LE TO ASC		
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH			ration was performed	20a. AUT	IN CERTIF	S, WERE FINDING FYING CAUSES (GS USED OF DEATH?
	21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	6111	MONTH DAY	YEAR 19	CCURRED (ENTERN	IATURE OF INJURY IN ITEM 18, P	PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	F INJURY T, FACTORY, OFFICE, FARM, I	21f LOCATION STREET	0.0	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this hosp sow the deceosed alive or above, (1) (we) (did) (did no	4-4	-	3, and that in (my) (our) op	inion death occurr	ed on the date and hav	ur and from the c	
	22b. SIGNATURE	May	Kaleu	DEGREE ATTENDIT	NG MEDICAL AN DIRECTOR	STAFF	22c DATE S	1GNED -8
	22d PHYSICIAN'S NAME ITYPE	3AYKA	LER	3459 St.	Johnsto	ine, Ellica	off City	Md
23a. E	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 4-7-83		Calvary Ce	CITY	ATION ORTOWN	COUNTY	STATE Md.
36	INERAL DIRECTOR	n.000	A00 1553 4 6			REGISTRAR 25b. REGIST	RAR'S SIGNATU	

DHMH - 16 60M 7/73 (VR A 15 (4))

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		FOR STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H REC	G. NO.	0 2 8 6
		ORPRINT) HELEN	WIDDLE	STONE	20. DATE OF DEAT	10-83	YEAR 26. HOUR
1	3. SEX	F	4. RACE		6. AGE (IN YEARS LAS	YRS.	NDER I YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.
3) N	NO USA	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRI WIDOWED DIVORC	PA	TT MD	RE CITT MO
34	5	BALTIMORE	11. NAME OF HOSPITAL, NURS INC (IF NOT IN SUCH FACILITY, GIVE STREET ALL (VELL) TY	F MD HOSPIT	TYPE OF WORK FOR ME		26. KIND OF BUSINESS OR NDUSTRY
5	13a. S	MD BAL		136. INSIDE CITY LIV	4 33		1221 000 LANE
3	1	JOHN S.	MIDDLE HENTZ		EN		LAST
2		VAS DECEASED EVER IN U.S. AR (ES, NO ORUNKNOWN) (IF YES, GIV	E WAR OR DATES) 2 16 ZE	927 FRAN	C15 570	NE	ABOVE APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
	NC	PART I. DEATH WAS CAUSE 1830 IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	All ane cause per line for (a), 1b), and D BY. TE CAUSE (a) CARD () DUE TO, OR AS A CONSEQUEN (b) APVAN DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DI	MES PILAT NCE OF OVA	RIAN CA	NCER	
7	CERTIFICATION	190 DATE OF OPERATION	1%. CONDITION FOR WHICH (OPERATION WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATH?
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 216. INJURY OCCURRED	HOUR A.M. MONTH DA	Y YEAR 19 216 HOW INJURY	OCCURRED (ENTER NATURE OF	INJURY IN ITEM 18 PART 1	OR PART 2)
	MED	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA		8 3 to 9	1-20 19 C	COUNTY STATE
		saw the deceased alive an	11 view the body after death.	DEGREE ATTEN PHYS 220. ADDRESS	apinian death accurred an the	STAFF	
	23a. B	TCHEKN BURIAL, CREMATION, REMOVAL	NEOYIAN 123b. DAJE 123c. N.	AME OF CEMETERY OR CREM.	OF MO C		
	(SPECIFY) BURIAL JNERAL DIRECTOR	4/23/83 61	ARDENS OF	SAME BA 250. DATE REC'D. BY REGIST	LTO.	S SIGNATURE
	-	J.B. CONNE	LLY 300	MACE	APR 2 1 1983	John	2 Coniet

DHMH - 16 50M 4/82 (VRA 15, 4)

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the attending physician and camplete remove carbanpapers. Pages 1 and 2

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, ar ather traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

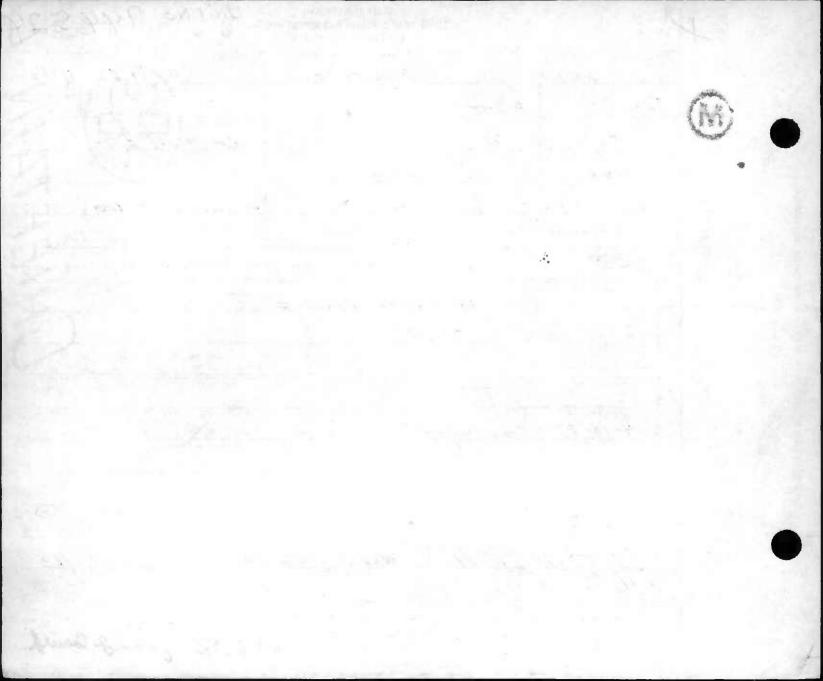
TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the haspital or attending physician

ı				E OF MARYLAND	UNITHO	Jene	0601
1	FOR - STATE		DEPARTMENT OF H	HEALTH AND MENTAL HY	GIENE 8 3	100	50 d4
	REGISTRAR I. DECEASED NAME HAZET	MIDDLE		ONESIFER	REG. NO. 20 DATE OF DEATH MONTH	TH DAY YEAR	2b HOUR
	(TYPE OR PRINT)		-	SIFER	4	19 83	1115 PM
ı	3. SEX	4 RACE	5 DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY		IF UNDER 24 HRS
	FEMALE	WHITE	AUG	.20 1906	76	YRS	HOURS MIN.
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	OUNTRY? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH	
4	MD .	11 NAME OF HOSPITA	WIDOWE	DR OTHER INSTITUTION	120 USUAL OCCUPATION		MD. OF BUSINESS OR
Ц	0	(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF WOR	KING LIFE) INDUSTRY	
-	USUAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESID	HOSPITA		HOMEMAKE	R.	
1	ISO STATE 136 COU		THUSKE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	LMLEY. AV	ר כונו
	14 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		
	WILLIAM		AGLESTON	HATT	TE.	STAT.	LINGS
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SO	CIAL SECURITY NO.	17_INFORMANT	ADDRESS	- CIAU	
	NO	213	3-07-202	DOROTHY H	ARP (SISTER		ADDRESS
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause per line for the ED BY:	a), {b), and (c)			APPROX BETWEEN	XIMATE INTERVAL ONSET AND DEATH
		ATE CAUSE (o) NES	PIRATORY	FALLURE			
	7760	DUE TO, OR AS A C	ONSEQUENCE OF				
ł	Conditions, if any, which gave rise to immediate	(b)	OPD				
ı	couse (a), stating the underlying couse lost.	DUE TO, OR AS A C	ONSEQUENCE OF				
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIC	N GIVEN IN PART 1	10
J	190. DATE OF OPERATION 4-19-83 710. ACCIDENT WAS UNDERLYING						
1	190. DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDI	
4	4-19-83	Trocleoston	x 2 to N	ep toilure	YES NO	YES 🗌	NO 🗍
		21b. TIME OF INJURY	NTH DAY YEAR	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART OR PART 2}	
	OR CONTRIBUTING CAUSE OF DE	ER) P.M.	19	211 LOCATION			
	WHILE NOT WHILE	21e. PLACE OF INJUI (AT HOME STREET, FACTO	RY OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a-I certify that (I) This hosp	outal pattended the decess	ed from 4 -	1083	10 4-14	10 87	that (1) (we) ast
	sow the deceased plive of	4-19	19 8 7 01		death occurred on the date or		couses stated
	obove (1) (we) (did) (did n 22h. SIGNATURE	on view the body offer dec		DEGREE			SIGNED
	1HOM	2. Klast	M	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	N 41	19/83
	220 MATS TO AME THE	OF MINTS		22e ADDRESS	1/	1/1	11
	NEFFREY M	Moce	MO	SINAL	HOSPITAL		
1	23a BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	BURIAL	4/22/83	Garden	ns of Faith	Balti		Mc.
	^{24 FUNE} SCHIMUnek F 3331 Brehms	uneral Hon	ne, Inc.	21213 A	PR 21 1983	Johns	Court
1	222T DIGUMS	, halle, ba.	LLO. Ma.	77773 ,,	0		

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If them 21 is marked or Item 18 shows any



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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after de retained by the haspital or ottending physician.
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the haspital ar ottending physician.
	Pro-

f	1	tems #1,15,17 F	DEP	ARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	102	8 8
may be page 3	(TYP)	CEASED NAME FIRST PETE		5	TORRS	20. DATE OF DEATH MO	5 83 1	HOUR P
age 4 mc rector. p	3. SE	MALE	4 RACE WHIT	E S DATE (6 AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS HO	DURS MIN.
deoth. P		IRTHPLACE (STATE OR FOREIGN COUNTRY) Bristol, Coni	16. CITIZEN OF WHAT COUN	MARRIE WIDOWE	1	9 BALTI NOR CITY OF C	WRE CIT	y MD.
M M	É	Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE GOOD / Samar)	street address) Lan Hos	P .	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Student	125 KIND OF B	USINESS OR
filled in pariet he	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13% COUI ARYLAND ANNE			13d INSIDE CITY LIMITS? YES NO	1206 SUMMERW	OOD CT. ARNO	10/2 DLD, MD
ompleten sond 2.	1/	ATHER'S NAME BERT EDW	IN STORE	RS SR.	15 MOTHER'S MAIDEN NAM	MIDDLE H.	GERDE'S ST	
on and con Pages	160-	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	WE WAR OR DATES) 166 SOCIAL 217-96	SECURITY NO. 5-3144	MURIEL G. GER	orrs 1206 SUM	MERWOOD CT.	
ng physicia bonpoper removol. c event, the			nly one couse per line far (a), (ED BY: TE CAUSE (a) A CT	VE VE	POLYARTER	ITIS NOL	DO SA FROM	
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ed by the please re prial, crem		couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONS	PRIL		ASE.		- 1983
been sign mit Then prior to bu	ATION	190 DATE OF OPERATION	196 CONDITION FOR W		NOT RÉLATED TO THE TERMI		ON GIVEN IN PART 110-	LISED
The Idician.	CERTIFICATION	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21¢ HOW INJURY OCCURR	YES NO	CERTIFYING CAUSES OF	DEATH?
SICIA ng pl certif certif tental	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR		CO (ENIEK MATURE OF INJURY IN	TEM 18 PART OR PART 2)	
ING PHY r offendi After this as the bu lth and M arked ar	ME	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY O	FFICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTEND aspital a CTOR: A d for use d for use n 21 is m			1 4 1 0 1 1	0.5	d that in (m) (aur) opinian d	eath accurred on the date of	ond hour and from the caus	(I) (ma) last ses stated
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retained by the retained by the TO FUNERAL I should be detained, with the State [IMPORTANT; If		LILIA CO	EBALLOS		GODD SAN	LARITAN H	HOSPITAL	
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL:	236. DATE 4-8-83		RANS CEMETERY	CROWNSVILL		MD
HMH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR NAME RDESTY FUNERAL, F	HOME 12 RIDGEL	RESS Y AVF.		REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE	

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	FOR 1 - STATE • REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H. CERTIFICATE OF DEATH	8 3	10289
	1. DECEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26. HOUR
2 76	(TYPE OR PRINT)	guerite	Strader	12.00	
bod .	3. SEX	14. RACE	S. DATE OF BIRTH	April 25	TF UNDER 1 YEAR IF UNDER 24 HRS
2 0 6	Female	White	3 QAY YEAR 21 21	62 YR	MONTHS DAYS HOURS MIN.
100	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) W. Virginia	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COU	NTY OF DEATH
	10 CITY OR TOWN OF DEATH Baltimore	SIF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	Raltimore 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Teacher	121 KIND OF BUSINESS OR
18		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 13c, CITY OR TOW Naples	ADMISSION) N 136. INSIDE CITY LIMITS?	134. STREET ADDRESS 739 Old Trai	99999hio
中新场	14. FATHER'S NAME FIRST Lorain	MIDDLE LAST Cornwe	15. MOTHER'S MAIDEN NA		Fla.33940 Auvil
g be explored to the medical	160. WAS DECEASED EVER IN U.S., (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166. SOCIAL SECU 220-14-		ADDRESS ader 739 Old	Naples, Fla. Trail Dr. 33940
es thou the death certificate be need by the attending physician please remove carbon papers. Puitol, cremotion, o' removal. Py or other troumatic event, the re-	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF	MINAL DISEASE OR CONDITION	9-5-d. 3-4-L
SICIAN: The low require physiological physiological properties for been sign ricol-transit permit. Then entel Hygiene prior to but they 18 shows anythiuty.	190. DATE OF OPERATION 3 / 8 / 13 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	196. CONDITION FOR WHICH	OPERATION WAS PEN ORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
G PHYSICIA ottending po ter this certifi ter the certifi is the buriout n and Mental	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC.) 219. LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDING OF STORY AND A STORY		spital) attended the deceased from an an analysis the bady after death.	and that in (my) (tur) apinion	death accurred on the date and	
Tras OR , the ho by the ho by the ho detached tothe Dept.	226. SIGNATORE	G.D. Kelen	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	22c, DATE SIGNED
TO HOSPITA TO FUNETA HOUGH BE STATE HOUGH	0-1-1	G.D. Kelen	JOHNS HOPK	INS HOSPITAL	Street 21205
GG8P1 GGG	Burial Burial		NAME OF CEMETERY OR CREMATORY aples Mem. Gard		Florida STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	Earl Hodges	F. H. Naples,	F1a. 33940 N	TE REC'D. BY REGISTRAR 25 TO A	SISTRAR'S SIGNATURE

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Spirit Commence				Endrud Endrud

- July 30	1.	STATE REGISTRAR			CERTIF	CATE OF DEAT	Н	REG. NO	D.	9 ===	
death		CEASED NAME FIRST OR PRINTING EME	Geneva ^	ADOLE Str	ong	TROME	er 1		MONTH DAY	YEAR 2	7.45 PM
de de	3 SE	remale	4 RACE Blace	ck	5. DATE O	**************************************	EAR 10	AGE (IN YEARS LAST BIRT	YRS.	THS DAYS	HOURS MIN
271		RTHPLACE (STATE OR FOREIGN OUNTRY) S.C.		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRI	ED L	Baltimore cityo			MD.
in by the falled within		Baltimore	11. NAME OF H	HOSPITAL, NURSING H FACILITY, GIVE STREET A . CO NURS	G HOME C ADDRESS) 1 N G	ROTHER INSTITUTE Home		2a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON	12b. KIND OF INDUSTRY	BUSINESS OR
should be fill examiner	13a S	AL RESIDENCE (IF NURSING HO STATE 13b C	ME OR OTHER INSTITUTION, COUNTY	Baltim	ore	13d. INSIDE CITY LIA YES 🔼 NO	MITS?	3. STREET ADDRESS 2431 Gu	ilford	Ave.	21218
mpletely ind 2 should be and a should be a	14. FA	THER'S NAME FIRST David	WIDDLE	Brice		is mother's male first. Anni	DEN NAMI E	MIDDLE		arweî.	1
vsician and copers. Pages 1 apoval.		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE NO	S. ARMED FORCES? S, GIVE WAR OR DATES)	166 SOCIAL SECU 250-46-		Johnnie	М.	Harris 24			d Avenu
nas been signed by the attending phen. Then please remove carbon page prior to burial, cremation, or remease any injury, or other traumation.	CERTIFICATION	Conditions, if ony, which gove rise to immedio-cause lot, stating the underlying cause los PART 2 OTHER SIGNIFICATION.	DUE TO, OI		DEATH BUT	NOT RELATED TO THE		NAL DISEASE OR CON	DITION GIVEN 206. IF YES, WIN CERTIFYIN	ERE FINDING	
ir this certificate ha burial-transit perm ad Mental Hygiene ked or Nem 18 she	MEDICAL CERTIF	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAL 21d. INJURY OCCURRED	OF DEATH HOUR A. MINER) P. 21e PLACE	M. MONTH DA M. OFINJURY	19	21c HOW INJURY	OCCURRE	YES NO		ORPART 2)	NO [
DIRECTOR: Afreed for use as the ept. of Health and Item 21 is mark	WE	WHILE AT WORK DISTRIBUTION AT WORK TO AT WOR	hospital) attended the	1 19	£7.01	DEGREE ATTEN	IDING + /	CITY OR TOW . to both occurred on the do MEDICAL STAI DIRECTOR PHYSIC	pote and hour or		
TO FUNERAL C should be detach with the State D IMPORTANT: 1	23a.	22d. PHYSICIAN'S NAME (S. HU BURIAL, CREMATION, REMO	ゴレザ	[23c N	NAME OF C	220 ADDRESS	00	CD CS RAM-	DAUS.	Town	mo
		Burial	4/9/8			h Cemete	ery	Cheste	r	UNITY	S.C.
HMH-16 25M RA 15, 4) 1/79		uneral director m. C. Marcl	h F/H 1:	101 E. N	North	Ave.	APR	REC'D. BY REGISTRAR	C TREGISTRA	A S C C A T	Buch

STATE OF MARYLAND



MARCH PROCESSION SHAPE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 ha

retained by the haspital or attending physicion.

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1	FOR STATE REGISTRAR		F HEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO.	1029
	PECEASED NAME FIRST PE OR PRINT; M AMI		TUBBS	20. DATE OF DEATH MONTH	S YEAR 26. HOL
3. S	FEMALE	Black 9	26 1877	6. AGE (IN YEARS LAST BIRTHDAY) YOS YR	
5	BIRTHPLACE (STATE OR FOREIGN	U.S. A WIDO	RIED NEVER MARRIED DOWNCED	BALTIMORE CITY OR COUN	ECITY
7 8	CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL NURSING HOM UNDER SESSION FACILITY OF STREET ADDRESS	S P. La	120 USHAL OCCUPATION (TYPE OF WORKFOR MOST OF WORKING	GLIFE) 125 KIND OF BUSINE
5 Ust 130.	UAL RESIDENCE (IF NURSING HOME OR O I. STATE	THE POSTTUTION OWN RESIDENCE ASPORTS AND ASSO	YES X NO	13 STREET ADDRESS 3 72	6 Towarda
30	Pete "	Mack	15. MOTHER'S MAIDEN NAM	AE MIDDLE	Johnson
	WAS DECEASED EVER IN U.S. ARM (YES, NO DYUNKNOWN) (IF YES, GIVE Y	ED FORCES? 166 SOCIAL SECURITY NO 219-54-367	Mr. Charle	ADDRESS 37:	26 Towarda
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) CTENERAL DUE TO, OR AS A CONSEQUENCE OF (c) CARCINO	ITED OR	CAN FAILU	RE
NOI		onditions <u>contributing to death</u> b	BUT NOT RELATED TO THE TERM		
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERAT	TION WAS PERFORMED		YES, WERE FINDINGS USE RTIFYING CAUSES OF DEA YES NO
-	OR CONTRIBUTION CALLS OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 1	AR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART I ORPART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY
	220.1 certify that (Inthis haspite saw the deceased alive an above, (I) (we) (did) (did not)	4/80 19 88	, and that in (my) (aur) opinion of DEGREE	death accurred an the date and	, 19 , that (I) (haur and fram the causes st
1	220 PHYSICIAN SNAME ITYPE OR CHRISTIAN E	FUE CHNWUBA	PHYSICIAN [DIRECTOR PHYSICIAND	EALTIMOR
73a	BURIAL CREMATION, REMOVAL	736 DATE 234 MANE O	F CEMETERY OR CREMATORY	234 LOCATION COVOR TOWN	April 10

DHMH - 16 50M 4/B2

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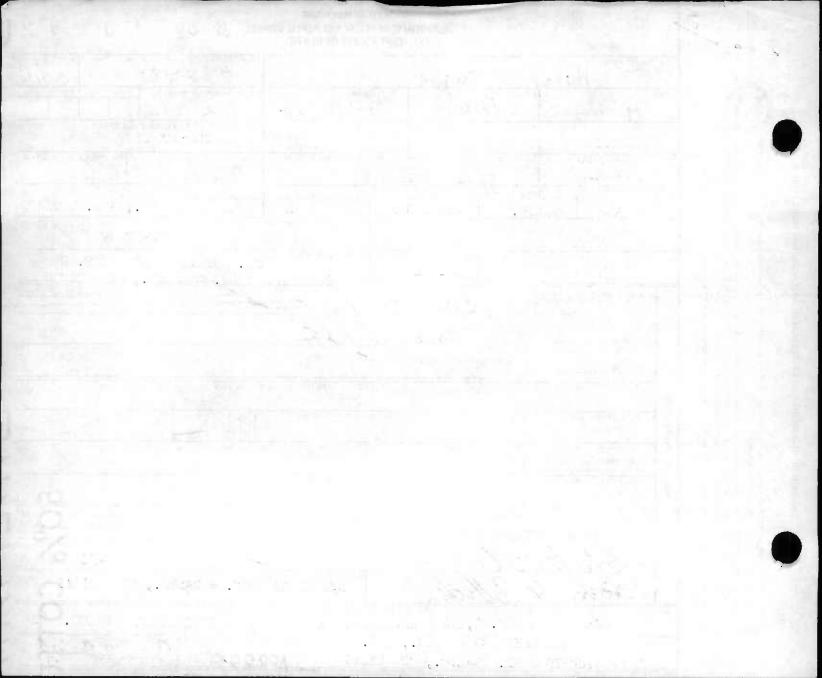
(VRA 15, 4)

13/00K 9 26 1879 Frondert Hospital fators discontin pallo x 250 72 Tablowalette Johnson 28 543671 Mr. Charles May 4 3734 Tunnelle Stee which is the three transfers to the first three to Escrial , 54-13 Copy Hill Deal 14 asthe C Benjes waters down to

1	FOR 1 - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 2 9 2
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE Sugar	LAST	20. DATE OF DEATH MONTH DI	YEAR 26. HOUR
	3. SEX ALE	CAUGASIAN	5. DATE OF BIRTH MONTH DAY YEAR O O O		FUNDER LYEAR IF UNDER 24 HRS
3	70. BIRTHPLACE (STATE OR FOREIGN MARY LAND	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED XX NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF BALTIMORE CITY	
2	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, SINAI HOSPI	ADDRESS)	12a. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) MERCHANT	126 KIND OF BUSINESS OR INDUSTRY RETAIL
0	USUAL RESIDENCE (IF NURSIN 130. STATE NARY LAND 3A)		N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2821 MARNAT RD.	, APT. D 21209
-	14. FATHER'S NAME FIRST	MIDDLE LAST_	15. MOTHER'S MAIDEN NA		TAST LAST

NATHAN SUGAR RACHAEL METMAKOA MRS. MOLLIE SUGAR 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT APT. D (YES, NO OR UNKNOWN) 219-01-4502 NO 21209 BALTO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: S A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o), stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? for use as the burial-transit per of Health and Mental Hygiene YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 8 HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION morked or COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) apinion death occurred an the date and haur and from the causes stated should be detached with the State Dept. DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 4/20/83 IMPORTANT: H 22e ADDRESS 21215 c/o SINAI HOSP. = BALTO., MD 230 BURIAL, CREMATION, REMOVAL BURIAL 23c. NAME OF CEMETERY OR CREMATORY RETSTERSTOWN APR.22,1983 BALTIMORE HEBREW BP. 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., 21215 BALTO. (VRA 15, 4) 6010 REISTERSTOWN RD.

DHMH - 16 50M 4/82



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR	100		CERTIF	ICATE OF DEATH	REG. NO			
		EASED NAME	FIRST	MIDDLE	0	AST	10.07.12.01.027.111	3/83	YEAR	26. HOUR
1	SEX	W	illiam	Carl	5. DATE C	Litt	6. AGE (IN YEARS LAST BIRT	21 02	DER 1 YEAR	10:0051
,		Male	Whi	te		.30, 1908 YEAR	74	YRS.		HOURS MIN.
1	01	THPLACE (STATEOR		NOF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	Baltimore CITY of	-	DEATH	MD
10). CIT	Y OR TOWN OF DE	ATH NAM	ME OF HOSPITAL, NURSIN DI HI SUCH FACILITY, GIVE STREET AGNES HOSP	IG HOME C		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Carpenter	ON I	26. KIND O NDUSTRY Ba o	f BUSINESS OR
		gland	sing House other inst Harford	ITUTION, GIVE RESIDENCE BEFORE 136. CITY OR TOW Street	ADMISSION)	13d. INSIDE CITY LIMITS? YES \(\text{NO \(\bar{\chi} \)	130 STREET ADDRESS 3164 Forge			21154
T'	FA'	HER'S NAME Melivin	Addiso	n Suitt		15. MOTHER'S MAIDEN NA/	Alice		ugh LAS	r
16		AS DECEASED EVEI S. NO OR UNKNOWN) NO	(IF YES, GIVE WAR OR D			Mrs. Nannie	Suitt, 3164	ss Stree Forge	t, Ma Hill	. 21154 Rd.
	FICATION	Conditions, if any gove rise to im couse (o), stort underlying caus PART 2. OTHER SIG	y, which imediate ing the lost. DUE	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE (c) DNS CONTERED ING TO CONDITION FOR WHICH	ENCE OF	NOTE LATED TO THE TERM	20a AUTOPSY?	20b. IF YES, WI	RE FINDIN	NGS USED OF DEATH?
MEDICAL CERTIFICATION	_	21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEATH HO	TIME OF INJURY IUR A.M. MONTH D. P.M. PLACE OF INJURY	19	21c. HOW INJURY OCCURP			OR PART 2)	NO STATE
	ME	21d. INJURY OCCUI	/HILE	IOME, STREET, FACTORY, OFFICE, I	FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
	MEI	WHILE NOT W	ORK (1) (1) (1) haspital) otter	ided the deceased fram body offer death.	/ , o	nd that in (my) (aur) opinion of the state o	, ta	ite and haur and		that {I) (we) last causes stated
-	3a B	WHILE NOT WAT WORK AT WORK 220. I certify that (IF THE COPRINT) LEMEN AS DESCRIPTION AS DESCRIPTIO	body offer death.	M.D.	, 19	, ta, ta, ta, ta, medical and the do	ite and haur and	d fram the	that {I) (we) last causes stated

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in bishauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fillwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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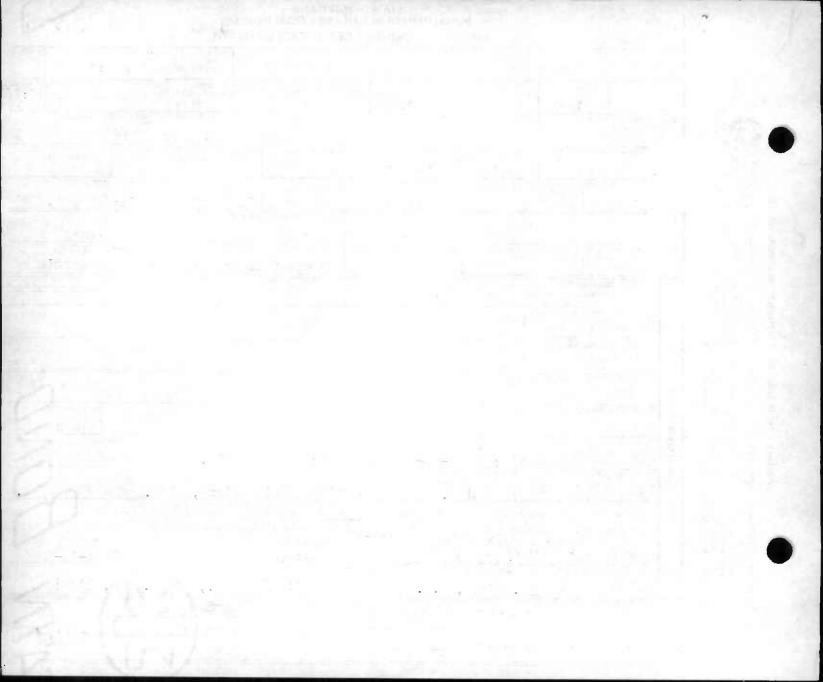
10	1-	OR STATE REGISTRAR			EPARTMENT O	HEALTH	ARYLAND AND MENTAL H ERTIFICATE O	(2)	3 REG. N	1 0	2 9	d
ni of 10 mi		CEASED NAME OR PRINT)			MIDDLE H.	SI	rdin	0	TE KNOWN F ESTI-	4 177	/83 _o	26. HOUR
	3. SEX	IALE	WHITE	5. DATE OF BIRTH MONTH DAY SEPT. 25, 1	913 6. AGE (IN LAST BIRTH	YEARS IF UN	DER 1 YR. IF UNDER	MIN. PRONG	ATE DUNCED EAD	4/17	DAY YEAR	74: H255R
WING A	FOI	RTHPLACE (ST REIGN COUNTRY) MARY L	AND	76. CITIZEN OF WH USA	AT COUNTRY?		ED NEVER MARRIE	ED I	timorecity altimor	_		MD.
PACE PACE	Baltimore Memo			Memorial	SUCH FASILITY STEETING LIPES (ADDRESS) PT al "Stadium" FOR MOST OF WORKING LIPE) MERCHANT			R	126 KIND OF BUSINESS OR INDUSTRY RETAIL			
AND 3 RETAIN HOULD	13a S1	MARYL	AND T36. COUNT	R OTHER INSTITUTION, GIVI Y	E RESIDENCE BEFORE ADMIS 134. CITY OR TOWN BALTIMOI	RE		13e STREET AD	A N. CALVE	PT. 60 RT ST.	3 #2120	2
M PM AND 2 ON VII		THER'S NAME	DORE		SURDIN 15. MOTHER'S MAIDEN NAME RACHEL BRAG					RAGER		
S. GIVE PAGE WITH FORM T. PAGES 1 A DIVISION OF	16a. W	YES	WWII		214-03-		1101 N.C				, MD 21	202
ENDING" IN PENCIL IN ITEM BOUTGL EXAMINER ALON AS A BURIAL - TRANSIT PER ALTH AND MENTAL HYGIES CREMATION, OR REMOVAL	NO	gave ris couse (o) lying cau	ns, if any, which se to immediate stating the <u>under</u> - ise last.	(b) DUE TO, OR A	as a consequenc	E OF	Cardiovaso		isease			
NOSED USED OF HE	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDITI	ION FOR WHICH OP	ERATION W	AS PERFORMED?			1 - 5	20 AUTOPSY?	но [Х]
WRITING THE WOR ARDED TO THE C AGE 3 SHOULD BE ATE DEPARTMENT 1201 PRIOR TO BU	MEDICAL CER	UNDERLYING CONTRIBUTION 21d. INJURY C	NG CAUSE OF D	P.M. 21e PLACE O	MONTH DAY YE	AR 21f LO	OW INJURY OCCURRED CATION TREET		R TOWN	8 PART 1 OR PART		STATE
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; BY AFTER DEATH, WITH THE STABLITMORE, MARYLAND, 2		220. I certi death results ACTUAL SIGNATURE_ EXAMINER'S (TYPE OR PRII	ed fram: Noture	pol causes [X],	Accident . Korell,	Suicide	Hamicide , TITLE (SPECIFY) DASSISTANT	Undetermined	Manner C	DATE SIGNED.	4/18/	
BP DHMH - 17 VR A15 ME (5))	(5)	JRIAL, CREMA PECIFY) BUR INERAL DIRECT NAME	TAL A	PR 19 198 EVINSON _{DR} ES	WORKME BROS., IN	EMETERY O N CIRC C.	CREMATORY LE 250. DATE R	23d. LOCATIC CITY OR TOWN BALT EC'D. BY REGIS 25 198	IMORE	COUNTY M GISTRAR'S SIG	ARYLAND	ATE

THE RESERVE OF THE PROPERTY OF THE PARTY OF THE PARTY.

ANT ROMES JACLE FROM

1 June July

20M 4/82



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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the faner should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

njury, or other troumotic event, the medical

IMPORTANT: If Item 21 is marked or Item 18 shows

executed within 24 hours ofter death. Page 4 may be

deoth certificate be

PHYSICIAN: The low

OR ATTENDING

TO HOSPITAL

or offending physicion

STATE OF MARYLAND FOR STATE

	JIMIE OI I	TIME I WALLE	
DEPARTMENT	T OF HEALT	H AND MENTAL	HYGIENE
CI	EDTIFICAT	E OF DEATH	,

,	itut O	0		1	U	E-m		V
		REG, N	10.					
	2a. DATE (OF DEATH	MONTH	0	YAY	YEAR	2b. HOU	JR
			4	/	2	83	11	: BM
7	6. AGE (IN	YEARS LAST BI	RTHDÁY)	I	IF UNDE	RIYEAR	IF UNDER	24 HR5
	70	>	YR	S.	AONTHS	DAYS	HOURS	MIN.
_	O DAITIA	OPE CITY	OPCOL	NITY	OF DE	ATH		

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

	REGISTRAR	CERTIF	ICATE OF DEATH	REG, NO.	
	CEASED NAME FIRST	MIDDLE	AST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
(TYPE	ORPRINT)	w H.	34/Ces	4	12 83 11:
3. SE	mall 4. F	Black 5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS M
	IRTHPLACE (STATE OR FOREIGN 7b guntry)	CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY OR COL	UNTY OF DEATH
10 C	BACLIMONE OF BEATH 111.	NAME OF HOSPITAL, NURSING HOME OF THE CONTROL SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b KIND OF BUSINESS INDUSTRY
	AL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO [130 STREET ADDRESS 730 AShb	1.4025716
) (TIMES HIDE	Sipper	15. MOTOER'S MAIDEN NAM	AE MIDDLE	tones !
1	DECEASED EVER IN U.S. ARMEI	D FORCES? IN SO IAL SECURITY NO. RORDATES)	17. INFÓRMATA	4 Clifer	are Its
	PART I. DEATH WAS CAUSED B PART I. DEATH WAS CAUSED B IMMEDIATE C Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.	1 12 30 50/11	Lung Cordio-pr	mth Metas	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
NOI	PART 2. OTHER SIGNIFICANT CON	nditions <u>contributing to death</u> but	NOT RELATED TO THE TERM	inal disease or condition	N GIVEN IN PART 1(0)
CERTIFICATION	19a DATE OF OPERATION	19b CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		ED (ENTER NATURE OF INJURY IN ITE	M 18, PART I OR PART 2)
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	De. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a.1 certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did not) vi	ottended the deceased from	nd that in (my) (our) opinion o	eoth occurred on the date on	d hour and from the couses stated
	22b. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	22d. PHYSICIAN'S NAME (TYPE OR PRI	INT)	22e ADDRESS	115101 0	7

, that (1) (we) lost our and from the couses stated 22c. DATE SIGNED SUWANAGO

CEMETERY OR CREMATORY

23a. BURIAL CREMATION, REMOVAL 23b. DATE

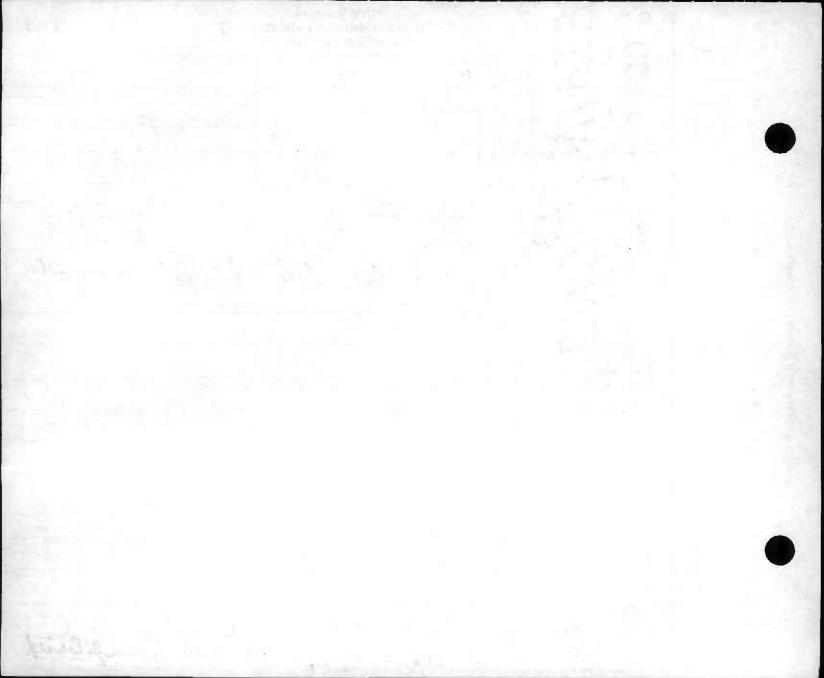
23d. LOCATION

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DHMH - 16 50M 1/76 (VR A 15 (4))

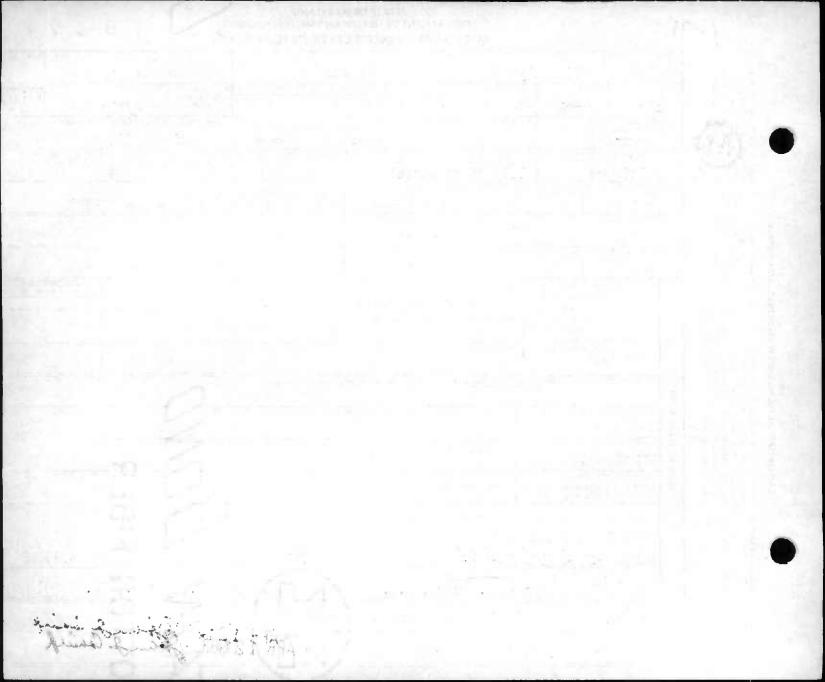
COUNTY



STATE OF MARYLAND							
DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
MEDICAL EVALUATED/C CENTIFICATE OF DEAS							

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G. NO.				100

	241	1-	FOR STATE REGISTRAR		DEPARTMENT O	FHEALT	MARYLAND H AND MENTAL HY CERTIFICATE O	0 0	0 2 9 7
		(TYP	EASED NAME FIRST	4.1	MIDDLE	C	LAST	20. DATE KNOWN A MON	
	PLEASE ECTOR. FILES. HOURS STREET,	Ti	mothy (Timmo	- /	T.		kes		1/83 19 M
	an (2) an (1)			5. DATE OF BIRTH	YEAR LAST BIRT	HDAY) MON	NDER 1 YR. IF UNDER 2	MIN PRONOUNCED	11:57
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	8 9 8 E	FO	REIGN COUNTRY)				RIED NEVER MARRIE	D [A]	
	N. T. S.	10. CI	Virginia TY OR TOWN OF DEATH	U.S.	•A. PITAL, NURSING HO			12a. USUAL OCCUPATION (TYPE OF WOL	RK 126 KIND OF BUSINESS
	P P P THE		Baltimore	1514 Vir	nes Street	is)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
10	ANY DE AND 3 TO RETAIN FOULD B RECORDS		L RESIDENCE (IF IN NURSING HOME O	OR OTHER INSTITUTION, GIV		ISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	
212	. 1 4		aryland		Baltimo		YESXX NO 🗆	1514 Vine Street	21223
MD.	- " N S	14. FA	THER'S NAME	WIDDLE	ŁAST		15. MOTHER'S MAIDER		LAST
DEAT	ANG Z		Owens		Sykes		Hattie		
IMO	- 3 - 0		AS DECEASED EVER IN U.S. AR, S. NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT	ADDRESS	
BALTIMOR	JRS AFTER 3. GIVE PA WITH FOR T. PAGES I DIVISION		Yes		218-01-1	412	Jimmie Sy	kes 1606 Vincent (
	MIT. IS.		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE				a and i au acou	lam disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	24 H ITEM ITEM ONC ONC SIEN VAL		43 G IMMEDIA	IL CAOSE (a)	AS A CONSEQUENCE		cardiovascu	iar uisease	
REST	L IN A		Canditians, if any, which	DOE TO, OR	AS A CONSEQUENC	EOF			
N.P	WINE WINE WINE NTAI		gave rise to immediate cause (a) stating the under-	(b) DUE TO, OR	AS A CONSEQUENC	F OF			
201	EXA/ EXA/ IAL- ON, O		lying couse lost.	(c)					
RECORDS, 201 W. PRESTON ST	XECUTE VG" IN CAL EX BURIAL AND A		PART 2 OTNER SIGNIFICANT CONDITIONS		BUT NOT RELATED TO THE T	ERMINAL OISEA	SE OR CONDITION GIVEN IN PAR	[] 10	
0	"PENDING" "PENDING" "FE MEDICAL ED AS A BUR HEALTH ANI	CERTIFICATION							
AL R	NSED NEED NEED NEED NEED NEED NEED NEED	CAI	190. DATE OF OPERATION	196 CONDIT	ION FOR WHICH O	PERATION \	VAS PERFORMED?		20 AUTOPSY?
VII.	NOR CHARLES	RTIF	210 EXTERNAL CAUSE WAS	21b TIME OF	INTRUDY	Tai. i	OW BUILDY OF CURREN		YES NOX
DIVISION OF VITAL	E TESES	L CE	UNDERLYING OR	HOUR A.M.		AR ZIC P	IOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PART 1 O	R PART 2)
SIO		MEDICAL	CONTRIBUTING CAUSE OF	DEATH P.M.		1211 13	CATION		
DIV	用自立の出出	WE	WHILE NOT WHILE DAT WORK		ORY, FARM, ETC.)		STREET	CITY OR TOWN	COUNTY STATE
	E. THIS C RWARD RWARD : PAGE STATE), 21201		22a. I certify that I took chord	- ()		Auto	psy , Inspection	¥Ÿ . □ .	74
	ANGANA			ral couses X.	Accident .	Suicide	Homicide .	Undetermined monner ,	apinian
	CAM D BI D BI NITH ARY!		1 ///	A C	Accident L.	Joicide	TITLE (SPECIFY)	Onderennined monner	
	A A L D L L L L L L L L L L L L L L L L	1	ACTUAL SIGNATURE	nau	v		Assistant	MEDICAL EXAMINER SIG	TE 4/11/83
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: 8 AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 3		EXAMINER'S NAME H	ormez R.	Guard, M.).	ADDRESS111	Penn St., Balto.	, Md. 21201
	Bb Bb	23a.B	JRIAL, CREMATION, REMOVAL	4/18/83			Cemetery	23d LOCATION Crownsville	OUNTY Md STATE
	DHMH - 17		INERAL DIRECTOR	ADDRESS			APR	EC'D. BY REGISTRAR 200 REGISTRAR	slG tiure
	(VR A15 ME (5)) 20M 4/82	Wh	"C March F/H I	nc. 1101 E	. North A	venue	AFR	1 4 1300	
	20/M 4/ DZ								



	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 5	10	2	9 8
		CEASED NAME FIRS	ela	MIDDLE	Tala	howa	4/10/8	ONTH DAY	YEAR 2b	HOUR 5 A
	3. SE	x	4. RACE		0101111	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER		UNDER 24 HRS
		Female	W	hite	Sept	ember 14,1901	78	YRS.	DAYS HO	DURS MIN.
1 James		RTHPLACE (STATE OR FOREIGN COUNTRY) Ukraine	Ukrai		MARRIE		9 BALTIMORE CITY OR Baltimor		ATH	MD.
10		Baltimore	John	L'ACTUT GIVE STREE	TAIDDRESS)	ned. CHR.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Seamstress	WORKING LIFE) INDU	KIND OF BUUSTRY	USINESS OR
35	13a. S	aryland	OME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE 13c. CITY OR TOV Baltim	VN	13d. INSIDE CITY LIMITS? YES X NO		Wolfe S	st. (2	21231)
300	14. FA	ather's name First unk.?	MIDDLE	LAST Hirniak		15. MOTHER'S MAIDEN NA FIRST	MIDDLE		LAST	unk.
medical		VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	214-30-		Theodora Ch	arysz 107 N	s Lakewo	od A	re.
haws any injury, ar ather traumatic	CERTIFICATION	Conditions, if ony, white gove rise to immedio couse (o), stoting the underlying couse lo: PART 2. OTHER SIGNIFICATION 19a DATE OF OPERATION	the (b)— te hee DUE TO, OI ANT CONDITIONS CO	ITION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM NOT RELATED TO THE TERM NOT NOT RELATED TO THE TERM TO	200. AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS AUSES OF	USED
ed or Item 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE. (IF ETHER, NOTIFY MEDICAL EX.) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	OF DEATH HOUR A AMINER) P 21e PLACE	m. month e m.	PAY YEAR 19	211. LOCATION STREET	RED (ENTER NATURE OF INJURY			STATE
: If Nem 21 is marked		220.1 certify that (I Athis sow the deceased all obove, Its (we) (did) (22b. SIGNATURE	year 4/10	19		nd that in (our) opinion DEGREE ATTENDING PHYSICIAN	death accurred on the date	220	3, that om the cous	
IMPORTANT: If Item 21		224 PHYSICIAN'S NAME	(TRE OR BRINT)	1		220 ADDRESS Fanily He	alth Center	Unio	Hos	0
<u> </u>	(BURIAL, CREMATION, REMO (SPECIFY) Burial	April			emetery or crematory chaels Ukrian		ltimore		
/82	24 FU	UNERAL DIRECTOR Lilly & Zeil	er Inc. 19	901 East	ern Av	ΔÞ	FREC'D. BY REGISTRAR 25	b REGISTRAR'S S	IGNATURE	ied

DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lishould be detached for use as the burial-transit permit. Then please remove carbon papers, Pages, Land 2, May with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to

retained by the haspital or attending physician.

Wite September 14,1004 78 7.00 Unruina Ukraine X Baltimore City. Paltino Maryland - - Feltinore X 511 S. Olfo St. (1931) . 500 itrois ? unk. -- 1.0 - 21 - 0-78 Throdors Charyas 107 A. Ishevood Ave.

Burial Agril 12.87 St. Michaela Reinnian - Baltimore Co., mf.

Itily & Seile Inc. is a mastern Eve. (21831)

and completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumatic event, th

IMPORTANT: If hem 21 is marked or yem 18 shows any

requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low Retained by the hospital or attending physician FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			ICATE OF DEATH	REG. N	0.		
1. DECEASED NAME FIRST Ja	mes MIODIE	G. Tan	gerose	20. DATE OF DEATH	MONTH [DAY YEAR	26. HOUR
JAME		TANG	EROSE	A	pril 1	4 1983	10 40 AM
3. SEX	4. RACE	5. DATE O	OF BIRTH 1/17/15	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
Male	W hi	te 0		68	YRS.		
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY	_	OF DEATH	
WASHINGTON	ALU	WIDOWI	D DIVORCED	BAUTIN			MD.
10. CITY OR TOWN OF DEATH		ITAL, NURSING HOME (120. USUAL OCCUPAT			F BUSINESS OR
12 AUTI MOR	UNIVERSI		HOSPITAL	Economist	- U.S.	Govern	nent
USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 136 COU	NTY 13c.	ESIDENCE BEFORE ADMISSION)	134. INSIDE CITY LIMITS?	13e STREET ADDRESS		- 11	77999
VIPHINIA U	SA IAG	LINGTON	YES NO		10141+	19th 5	+
14. FATHER'S NAME	WIOOLE	LAST C -	15. MOTHER'S MAIDEN NAM	ME		LAST	
OLE		ILEROJE	Caroline	ADDR		onning	
160. WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	SOCIAL SECURITY NO.	17 INFORMANT				
		15-03-6204	Mrs. Elizabet	th A. Tange	rose,		
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line	or (o), (b), and (c).)	14 00000			BETWEEN	MATE INTERVAL DINSET AND DEATH
IMMEDIA	TE CAUSE (o)	ES 1114101	y ARRES	1			
1629	DUE TO, OR AS	A CONSEQUENCE OF					
Conditions, if ony, which gove rise to immediate	((b) S	QUAMOUS	CELL ADVANC	ED LUNG G	ANCER	•	
couse (a), stating the	DUE TO, OR AS	A CONSEQUENCE OF					
underlying cause lost.	((c)						
PART 2. OTHER SIGNIFICANT	A .				DITION GIV	EN IN PART 110	
OF CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE 210. ACCIDENT WAS UNDERLYING [OF CONTRIBUTING] CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE 210. ACCIDENT WAS UNDERLYING [OF CONTRIBUTION] 210. ACCIDENT WAS UNDERLY WAS UNDERLY WAS UNDERLY WAS UNDERLY WAS UNDERLY WAS UNDERL		TASIS FO		CANCER 1200 AUTOPSY?	TOOL IE VEC	, WERE FINDIN	CCHICED
Y 190 DATE OF OPERATION	198. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED		IN CERTIF	YING CAUSES	OF DEATH?
210, ACCIDENT WAS UNDERLYING	216. TIME OF INJ	LIDY	21c. HOW INJURY OCCURE	YES NO	YE		NO B
OR CONTRIBUTING CAUSE OF DE		MONTH DAY YEAR	THE HOW HAJORI OCCORR	(ENTER NATURE OF INJU	KT IN HEM 18 P.	ART : OR PART 2)	
(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF IN	19	21f LOCATION				
WHILE NOT WHILE		ACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
AT WORK AT WORK		acced from 03	27 10 83	04-0	4	1083	1 × 6 / × 1
220.1 certify that (1) (this hasp saw the deceased alive a above, (1) (ve) (did) (did if	04-04	COSCO HOIII	nd that in (my) (our) opinion (, 10		, ,	rauses stated
obove, (I) (ve) (did) (did กั	or view the body ofter	death.	DEGREE			22c. DATE	
Aus	1) 4	M	ATTENDING _	MEDICAL STA	FF du	Itt. DAIL	3101420
22d. PHYSICIAN'S NAME (TYPE	OP BRINTS		PHYSICIAN	DIRECTOR PHYSIC	IAN L		
	EDYIAN	1		D CANC	ED 03	THEN	
			10	123d. LOCATION	0100	04101	<u> </u>
23a. BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
Cremation 24 FUNERAL DIRECTOR	4-5-83		Park Cremator	ry Baltim		laryland	
Ruck Towson Funer	al Home T	ACORE 1,050 YO	rk ka.	PR 6 1983	tol	my	shelp

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 50M 4/B2 (VRA 15, 4)

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001	one form		6.0
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OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital or attending physician.

TO HOSPITAL

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executed within 24 hours ofter deoth. Page 4 may be

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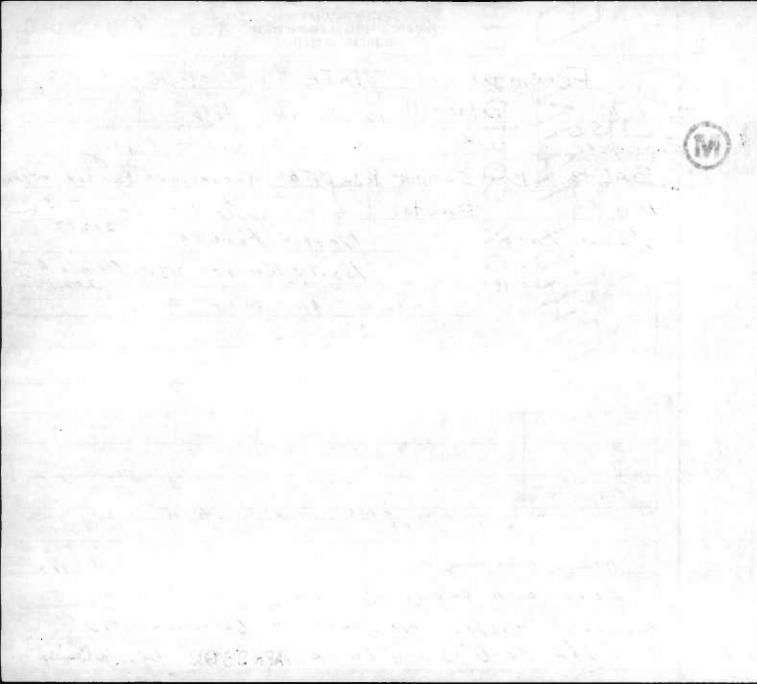
1	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG	IENE 8 3	10300
1.00	CEASED NAME FIRST			REG. NO	
	Freen		TATE	20 DATE OF DEATH MONTH	1-83 (30 M
3. SE			OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 28 HRS
	760	BOLACK MONT	H DAY YEAR	lala	MONTHS DAYS HOURS MIN.
7a B	IRTHPLACE (STAFON TREIGN 76 C	ITIZEN OF WHAT COUNTRY? 8	1-29-18	9 BALTIMORE CITY OR COL	RS.
	COUNTRY	MARRIE MARRIE	D NEVER MARRIED	P -)	n ' l
C./	ierokee co	WIDOW		SPLTA	CITY MD.
سے		NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. IFF OF BUSINESS OR
1	DALTO. I	30N Secour F	tas pith c	Bur LROOMU.	R CONSTRUCTION
130. 3	AL RESIDENCE (IF NURSING HOME OR OTHER STATE 13b COUNTY	RINSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13. STREET ADDOR	MOUNT ST
14. F/	ATHER'S NAME FIRST MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	PELMIDDIER	21217
16n \	WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b SOCIAL SECURITY NO.	17 INEORMANT	ADDRESS	
	YES, NO OR UNKNOWN) (IF YES, GIVE WAR		BuryK	NIGHT 23	on Ocala Ane
	18 CAUSE OF DEATH (Enter only on	e couse per line for (a), (b), and (c).)		l'e	AL RUAIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY	1 10 10 10 10 10 10 10 10 10 10 10 10 10	en ans	Hear File	ien
	5860	DUE TO OR AS A CONSEQUENCE OF	Λ		
	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	ll roby Thomas		
	gove rise to immediate				
	underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF			3.33
	DARL 2 OTHER SIGNIFICANT CONT	(c)			
NO	FART 2 OTHER SIGNIFICANT CONL	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease or condition	GIVEN IN PART 110
CERTIFICATION	19g. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	IN WAS PERFORMED	20a AUTOPSY? 20b. II	F YES, WERE FINDINGS USED
FIC			THE STATE OF THE S	_ IN CE	RTIFYING CAUSES OF DEATH?
ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	131. HOW IN HIRV OCCUPA	YES NO	YES NO
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	ZIE HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART ?)
ICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19			
MEDI		PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION	CITY OR TOWN	COUNTY STATE
<	AT WORK NOT WHILE AT WORK	, , , , , , , , , , , , , , , , , , , ,			
	22a.l certify that (1) (this haspital) a	ttended the deceased from	109 19 83	_, to 4/22	, 19
	saw the deceased alive on obove, (1) (well (did) (did not) view	4/20 19 83.01	nd that in (my) (our) opinion d	eath accurred on the date and	hour and from the causes stated
	22b. SIGNATU		DEGREE		22¢ DATE SIGNED
	H2-1 6	Who wend	ATTENDING	MEDICAL STAFF	
	22d. PHYSICIAN'S NAME (TYPE OF PRIN		22e ADDRESS	DIRECTOR PHYSICIAN	4/21/43
				2 11	A STATE OF THE STA
	RCLOND	h so Bun on	0 113 1	seem H	y x 4
23a. B	BURIAL, CREMATION, REMOVAL 231	b. DATE 23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
23a. B			EMETERY OR CREMATORY	23d. LOCATION	6 COUNTY 5 STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely tilled in by should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 thould be fine with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic event, the medico

IMPORTANT: If Item 21 is morked or Item 18 shows ony



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	D	eath. Page
(her de
DIVISION OF VITAL RECORDS, 201 W. PRESTON'ST., BALTIMORE, MARYLAND 21201	Say	SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be
ARYL	3	with
AORE, M.	5	executed
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, I and 2 should be fined with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shaws any injury, ar ather troumatic event, the medical estimator must be made.

(VRA 15, 4)

FOR STATE

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8	3	1	0	3	0	-
	DEC 110					

	REGISTRAR				CENTIL	ICAIL OI	PERIII		REG. N	10.			
	CEASED NAME	FIRST	,	MIDDLE		Ta	te	2a. DATE C	F DEATH	MONTH	DAY YEA	R 2b.	HOUR
Litte	OR PRINT)	Tyro	ne	W.	(_{T) 2}	+00)	Sr.	Ap	ril '	lst.	1983	18	8:51P
3. SE	(RACE		5. DATE C				YEARS LAST BE		IF UNDER 1 Y		UNDER 24 HRS
Ma	ale		Blac	k	5	5	4 8		3.4	YRS.		ITS HO	URS MIN.
7=_BI	RTHPLACE (STATE OF FO	DREIGN 7b.		WHAT COU	VTRY? 8.	D X NEVER		9 BALTIM	ORE CITY		TY OF DEATH	4	
,	MD			USA	WIDOWE	-	IVORCED	Ba	ltimo	ore	City		MD.
10. CI	TY OR TOWN OF DEAT	TH 11.		HOSPITAL, N	URSING HOME O	OR OTHER INS	TITUTION	12a. USUAL	OCCUPAT	ION	126. KIN		JSINESS OR
	Baltimore				Hopkir	s Hos	pital	(TYPE OF WO	IRK FOR MOST	JF WORKING	(IFE) TINDOST	KI	
USUA	AL RESIDENCE IN NURSIN	NG HOME OR OTH			E BEFORE ADMISSION)	13d. INSIDE C		13e. STREET	ADDRESS			21	1215
	MD	138. COOI111			timore	YES X	NO [371		k He	eiahts		
14. FA	THER'S NAME	MIDD	N. F.	LA		15 MOTHER	S MAIDEN NAM	ME	MIDDLE			LAST	
)	Lawrenc		ALE.	Tai		1	Mildre	đ	MIDDLE		Sto	okes	3
	AS DECEASED EVER I	N U.S. ARMED		16h SOCIA	L SECURITY NO.	17 INFORM			ADDR	ESS			
No)	(IF TES, GIVE WA	AR OR DATES	218-	46-7887	Mild:	red Ta	te 37	717 F	ark	Heigh	nts	
	18. CAUSE OF DEATH	(Enter anly a	ine cause per	line far (a),	(b), and (c).)	4					APP BETW	ROXIMATE EEN ONSE	T AND DEATH
	PART I. DEATH WA	AS CAUSED B' IMMEDIATE C		Resoir	retory	Arres	+				5	5 m	15
	2000)		R AS A CON	SEQUENCE, OF		4				6	9 -	1 41
2	Conditions, if ony,		(b)	Diff	11.	iccytic	Lymph	oma				1//	lowh)
	gave rise to imm cause (a), stating		DUE TO, O	R AS A CON	SEQUENCE OF	/	/ /						
	underlying cause	last.	(c)										
-	PART 2 OTHER SIGN	IFICANT CON	DITIONS CO	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED	D TO THE TERM	INAL DISEA	SE OR CON	DITION G	IVEN IN PAR	Tlra	
10													
CERTIFICATION	190 DATE OF OPERAT	ION	196. COND	ITION FOR V	VHICH OPERATIO	N WAS PERFO	DRMED	20a AUT	OBSY?		ES, WERE FIN TIFYING CAU		
RTIE				E 10 1 11 10 10 10		Tax money	1	YES 🛂	NOX		YES		10 12
	210. ACCIDENT WAS UNDE	-	HOUR A.		H DAY YEAR	ZIE. HOW I	VJURY OCCURR	RED (ENTERN	ATURE OF INJ	JRY IN ITEM 18	PART I OR PART	2)	
MEDICAL	(IF EITHER NOTIFY MEDIC		P.		19	AN LOCATI	011						
MED	21d. INJURY OCCURRI		21e PLACE (AT HOME, STI		OFFICE, FARM ETC)	21f LOCATI			CITY OR TO	NWC	COUNTY		STATE
	AT WORK AT WORK		4 . 0		2/1	1/02			41		-93		
	22a.1 certify that (1) (sow the decease	(this haspital)	attended in	deceased	10 3	nd that in /my	, 19) (aur) apinian d	, ta death accurr	ed on the	date and b	a, 19		(I) (we) last
	abave, (I) (we) (di 22h. SIGNATURE					DEGREE	, (our, aparital)	ocam accom	ed dir me c	iore and in		ATE SIGI	
	ZZE SIGINATORE		(1	dillo	MAD		ATTENDING _	MEDICAL			100	1.10	13
	22d. PHYSICIAN'S NA	MA CYVOS OR BOOK	00	1 was	11110	22e ADDRE	PHYSICIAN L	DIRECTO	R PHYSI	CIAN	14/	110	31205
1:	M:	The orth	Ma	rr		1	A) (A).	160	St	R	1+ m	3.50	21205
230 5	URIAL CREMATION.	DEMOVAL TO	3h DATE		23c. NAME OF C	600	CREMATORY	23d, LOC	ALION	1) a	ITIMO	116	to the
230. (Burial	LAIOVAL	4/9/8	3.3		burn			altir	nore	COUNTY	1	MDSTATE
	JNERAL DIRECTOR				1		25a. DAT		REGISTRAF		STRAR'S SIGN	NATURE	-
	m. C. Mar	cch F/	/H 1	101 E	PRESS North	a Ave.		7K 5	1983	1/2	and	- Car	mill
1.4										-			4.9

Acces to a second second

	FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	0 3	0 2
1	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE W. TI	AYT.OR	APRTT. 18 19	DAY YEAR	26. HOUR
	3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 74 HRS.
	Male	White	Dec. 30, 1961 YEAR	21 YRS	MONTHS DAYS	HOURS MIN.
N.	II. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH	
£:	Maryland	U.S.A.	WIDOWED DIVORCED	BALTIMORE C	TTY;	M
00	U. CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION ADDRESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		F BUSINESS OF
3	BALTIMORE	THE JOHNS HOP	KINS HOSPITAL	Student		
5	USUAL RESIDENCE (IF NURS)		N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 6 Wythe Cour	t 2105	57

MA 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME 3 MIDDLE LAST LAST FIRST MIDDLE puo Taylor G. Grove Dorothy James 17 INFORMANT **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) Same as #13, James S. Taylor No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH onpaper 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES NO M 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a. I certify that (I) (this haspital) attended the deceased from and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated DEGREE 22b. SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22e ADDRESS 22d, PHYSIC IN'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

afte TO FUNERAL DIRECTOR: Burial CITY OR TOWN April 20,1983 Parkwood Cemetery Baltimore, Md. Parkville BP 24 FUNERAL DIRECTOR 1050 York Road 250. DATE REC'D. BY REGISTRAR Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VRA 15, 4)

DHMH - 16 50M 4/B2

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Con remarks	414	11-15		Later of	E WAR	
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may be death certificate ATTENDING PHYSICIAN: The law requires that the retained by the hospital ar attending physician.

tuneral director, page 3 ithin 72 hours ofter death

od wil lied in By

and 2 sh

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and car should be detached for use as the buriol-transit permit. Then please remove carbanpopers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal

IMPORTANT: If them 21 is morked or them 18 sna or any injury, or other traumatic event, the

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTICIC ATE OF DEATH

3

Ц		REGISTRAR			CENTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST		MIDDLE	ı	AST	2a. DATE OF DEATH	HINOM	DAY YEAR	2b HOUR
	(1AbF	ORPRINT) EVA	Ben	nett	TA	ILOR		4-	8 - 83	3.35pm
	3. SE)	×	RACE		5. DATE C		6 AGE (IN YEARS LAST BE	PHDAY)	MONTHS DATS	IF UNDER 24 HRS
		emale	/	white	10	and the second s	707	VO YRS	MONTHS DATS	HOURS MIN.
8		RTHPLACE (STATE OR FOREIGN)	& CITIZEN OF	WHAT COUNT		D NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
4		PA	VS	A	WIDOWE	DIVORCED	CITY			MD.
П	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NU THEACILITY, GIVES		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION DE WORKING L	12b. KIND O	F BUSINESS OR
	A.	BALTIMORE	WYMA			TH SYSTEM	Housewi	_		
5	13a. S	AL RESIDENCE (IF NURSING HOME OR COTATE 136 COUN'	THER INSTITUTION	134. CITY OR 1		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		2	1211
1		LARYLAND		BALTI	MORE	YES NO	1508 E 361	45+		
1	14 FA	THER'S NAME FIRST M	IDDLE	160		15 MOTHER'S MAIDEN NA	ME			
U		Emory Beaut	nan			Catherin		drauk	ber	
		VAS DECEASED EVER IN U.S. ARA	VED FORCES?		ECURITY NO.	17 INFORMANT	ADDR			market splitting parameters
	N	10		233-4	4-3973D	Fred Bennet	t 1508 W.	36th	Street	21211
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per	line for (o , (b	, and ici					MATE INTERVAL ONSET AND DEATH
		IMMEDIATE		CARD	IOPUL	MONARY A	ARREST			
		4280	DUE TO, O	R AS A CONSE	OUENCE OF					
		Conditions, if any, which	(1b) 7	ULN	TONAR	Y EMBOY	15M			
		gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSE	OUENCE OF					
		underlying couse last.	10,7	ND STA		HF, A. tibr				
	7	PART 2 OTHER SIGNIFICANT CO			TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 10	0
	CERTIFICATION	End Staye NU	ar c	xuecas		room poby				
ð	FICA	190. DATE OF OPERATION	196 CONDI	TION FOR WH	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	OF DEATH?
4	RTI	DI ACCIDENT WAS INDERNING FO	011 71115 0	E h I I I I I I I			YES NO		ES 🗌	NO 🗌
	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME O HOUR A.		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	(IFEITHER NOTIFY MEDICAL EXAMINER)	P.,		19					
	ME	21d INJURY OCCURRED	21e PLACE	EET FACTORY, OFF	ICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK			7	- 0 - 0 -	1		0.0	
		22a.1 certify that (I) (this haspite saw the deceased alive an _	offended the	e deceased fro		nd that in (my) (our) opinion	denth recurred to the d		19 83	that (I) (we) last
1		obove, (I) (we) (did) (did not) 22h. SIGNATURE	view the body	ofter death		DEGREE	dediti occorred on the di	же она пои		
		0.11					MEDICAL STA	FF	22c. DATE :	SIGNED
Н		22d PHYSICIAN'S NAME (TYPE OR	PRINT		~	LBBS ATTENDING PHYSICIAN [DIRECTOR PHYSIC	IAN X	14/	8/83
	8	SHEILA		ENEZ	ER	WYMAN	PARK	HEAL	TH S	ISTEM
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	173d LOCATION			
	(5	Burial	4/11/			ill Cemetery	Brookly	2 A /	A. Co.	Md.
				-		OCHICESTA		- 229 6	0	TILL

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL

BP.

24 FUNERAL DIRECTOR

3631 Falls Road 21211 Burgee Funeral Home

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or offending physician.

1-	FOR STATE REGISTRAR Helen G.	Taylor		MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	1	0 3	0
1. DEC	CEASED NAME FIRST	100, 101	WIDDLE	L	AST .		ONTH DAY	YEAR 2b	HOUR
	ORPRINT) HELEI	1 0	A 11		24100	^	4 19 8	- 2	117
			AIL	1.0.55	TILUR	6. AGE (IN YEARS LAST BIRTH	1 1	- Y	UNDER 24 HI
3. SE)	Tenane	4. RACE		5. DATE C		6. AGE (INTERESTAST BIRTH	MONTHS		OURS MI
	TOMALE	Wh	, , ,	12	18 17	63	YRS.		
70. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B.	NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DE	ATH	
	/irginia	U.S.	Α.	WIDOWE		Baltimore	City		
10. ⊂1	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATIO		KIND OF B	USINESS
E	Baltimore	So. Ba.	Itimore G	enera.	l Hospital	Salesperso		oustry ood Fir	iend:
USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	136 CITY OR TOW	E ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS			
			Baltimo	re	YES X NO	3563 6th S	t. (2122	(2)	
14. FA	ATHER'S NAME	MIDDLE	Da 3 LAST ,		15. MOTHER'S MAIDEN NA	MIDDLE		LAST	
	James	E.	Padgett		Mollie	В.		waltr	ley
16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU		17. INFORMANT	ADDRES			
N	10	T THE OF DATES	214-03-0	958	George Tayl	or (same as	13e)	4110	
	18. CAUSE OF DEATH (Enter or	ly one couse ne	r line for (a) (b) an	nd (c)		A		APPROXIMATEL WEEN ONS	E INTERVAL
NOI	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(c)_	ONTRIBUTING TO		NOT RELATED TO THE TERM	NITIS			
CERTIFICATION	190. DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERI IN CERTIFYING YES	CAUSES OF	SUSED DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	DF INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR	PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, I	FARM ETC }	21f. LOCATION STREET	CITY OR TOW	N CO	DUNTY	STATE
	220.1 certify that (1) (this hasp saw the deceased alive ar	-4/19	19		nd that in (my) (aur) opinian	death accurred an the dat			t (I) (we) I
	above, (I) (we) (did) (did no The SIGNATURE	at) view the bady	y after death.		DEGREE	MEDICAL STAFF	27	C. DATE SIC	
	wee Ar	zma	0		PHYSICIAN [DIRECTOR PHYSICI	AN D	711	7/8
	HERT'S	2MM	N		300	S. HAN	Over	5+	
	BURIAL CREMATION, REMOVAL	236 DATE	925		EMETERY OR CREMATORY	236. LOCATION CITY OF TOWN	COUN	ITγ	STATE
	Burial	4/23/	/83	Glen]	Haven Mem.	Glen Bur			d
	UNERAL DIRECTOR Bal	to., Md	21225 _{ESS}		25a. QA	56 S. BY REGISTRARI 2	DE VEGISTRAR'S	SIGNATUR	hely
79	eorge J. Gonce	F.H. 40	01 Ritchi	ie Hgw	V.	11 21 1 1000	U		

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by, the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attentional be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

Item 18

morked or

IMPORTANT: If Item 21 is

offending physicion

OR ATTENDING

O HOSPITAL

(VRA 15, 4)

1	FOR 1 - STATE REGISTRAR	DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	10305
	1. DECEASED NAME (TYPE OR PRINT) KATHERINE		AYLOR	20. DATE OF DEATH MONTH	23 83 12:12 Am
	Female BLA	-CK S. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 40 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
ľ	Virginia U.S.	4. WIDOWE		Baltimore city or coun	
2	BALTIMORE SINA	OSPITAL, NURSING HOME OF ACILITY, GIVE STREET ADDRESS!	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY 2/8
)	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF 130_STATE 13b COUNTY Maryland		13d. INSIDE CITY LIMITS?	3705 Bylo	e Run Rd. Act A
)	14 FATHER'S NAME FIRST Willie	Tisdale	15. MOTHER'S MAIDEN NAM Lillie	MIDDLE	Taylor
	(YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 224-56-6320	17 INFORMANT Lillie Mae	Powers 1111	N. Bradford S
	18 CAUSE OF DEATH (Enter only one couse per le PART I. DEATH WAS CAUSED BY:	helmdyate	n		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which ((b)	AS A CONSEQUENCE OF	Parinom At	osis	1/2 years
		as a consequence of	H Recto Sym	vid Dutous	
- 1	PART 2 OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT I			SIVEN IN PART LO

DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 20a AUTOPSY? neer NO YES [ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY STATE (AT HOME STREET FACTORY, OFFICE FARM ETC.) CITY OF TOWN COUNTY NOT WHILE 220.1 certify that (I) (this hospita attended the deceased from sow the deceas and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

22e ADDRES

ATTENDING

23a BURIAL, CREMATION, REMOVAL BURIAL

DATE 4/26/83

23c NAME OF CEMETERY OR CREMATORY Cedar Hill CeM.

DEGREE

23d LOCATION GlenBurnie

MEDICAL

DIRECTOR

COUNTY . bm

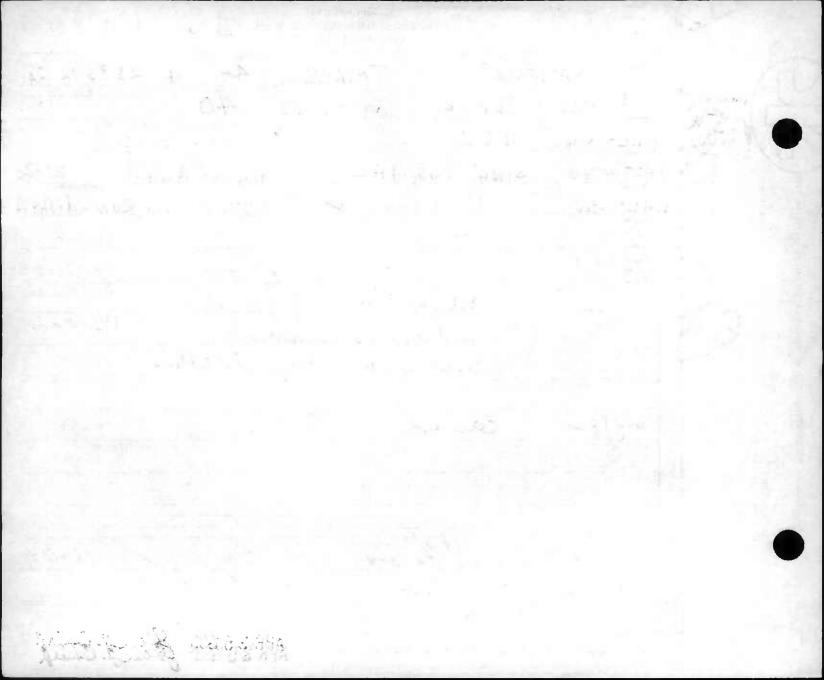
24 FUNERAL DIRECTOR DHMH - 16 50M 1/81

CERTIFICATION

MEDICAL

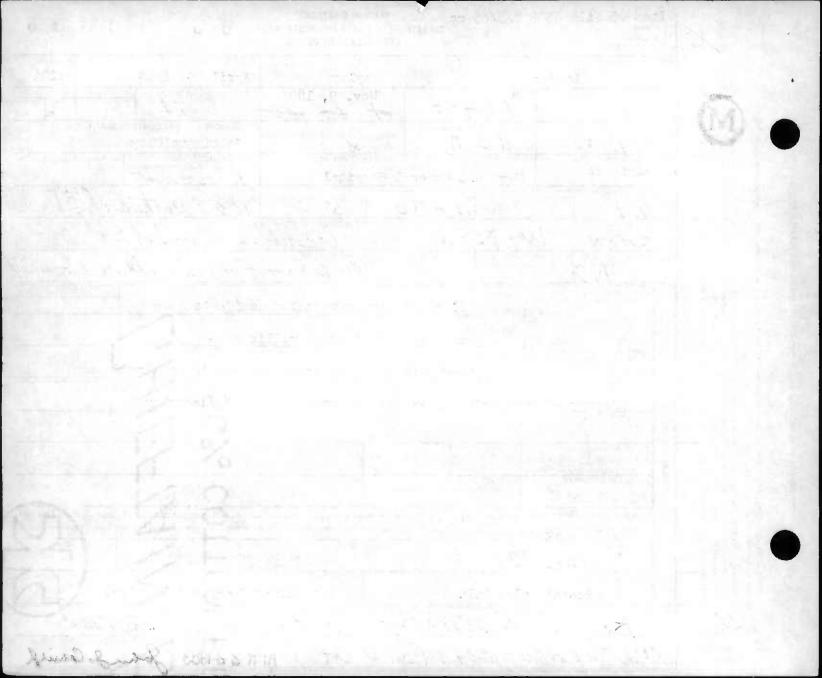
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ST., BA		
W. PRESTON S		
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VITALS		
ISION OF		
)

1		CEASED NAME FIRST	MIDDLE	LAST		OF DEATH MONTH DAY	10.1100
1		Louise		Taylor		11 20, 1983	9:20
1	3. SE)	F.	NEGRO	S. DATENOT PIRTHO	33	84 YRS. MON	UNDER TYEAR IF UNDER
10		OUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED WEVER M	ORCED Ba	worecity <u>or</u> countyor ltimore City	
S Jah		ty or fown of death altimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Maryland Gene	SING HOME OR OTHER INSTI LEET ADDRESS) ral Hospital			126. KIND OF BUSINE
35	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BER		TY LIMITS? 130. STRE	et address Pathod	12000
(B)	14 FA	THER'S NAME	ADD ATS DA NAST	15. MOTHER'S	MAIDEN NAME	Circheta	O Gust
medicol	16a W	AS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SE E WAR OR DATES)	CURITY NO. 17 INFORMAN	infamon 5 4	49 alamete	are Edopor
ne prior to buriol, cremotion, or removal.	CERTIFICATION		Due to, or as a consection of the conditions contributing the congestive hear	set of diabetes QUENCE OF asive arterios O DEATH BUT NOT RELATED	clerotic ca	ASE OR CONDITION GIVEN pacemaker UTOPSY? 206. IF YES, W IN CERTIFYIN	
Mental Hygien or them 18 shaw		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH	DAY YEAR	URY OCCURRED (ENTER	NO X YES	
and Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATIO	Ν	CITY OR TOWN	COUNTY S
of Health		220.1 certify that (I) his haspi saw the deceased alive an abave, (I) we) (did) with the	april 20, assert from April 20, assert from April 19	April I,	, 17	April 20, 19, 19, orred on the date and haur ar	. 11101 (124
e State Dept.		M. Charle	BHL	P	TTENDING MEDIC. HYSICIAN DIRECTO	AL STAFF OR PHYSICIAN	22c. DATE SIGNED
with the S		Michael	Hyle, M.D.		Maryland G	eneral Hospit	al
	22- 0	URIAL, CREMATION, REMOVAL	23b. DAJE / 23	L NAME OF CEMETERY OR C	DEMATORY 1234 1C	CATION	/ //

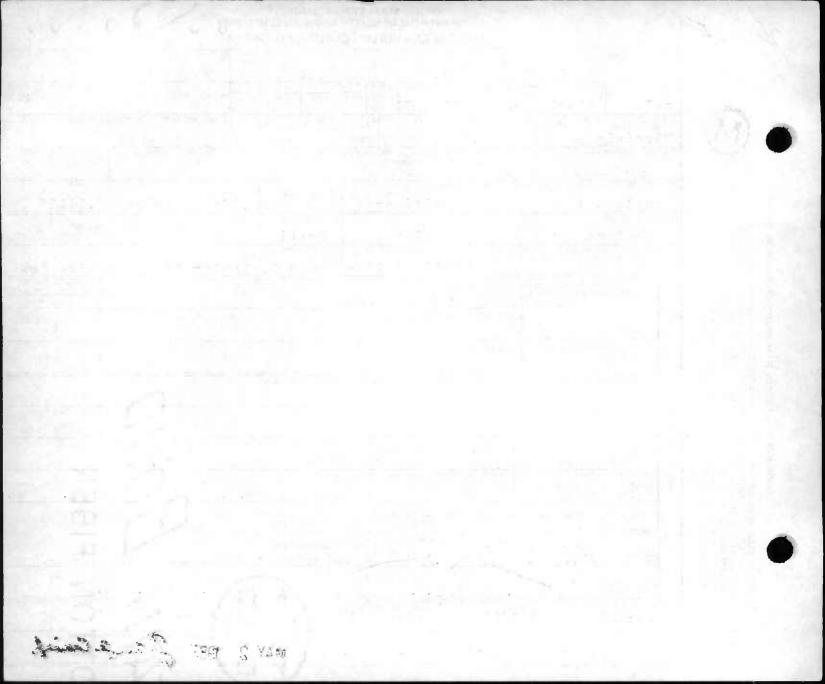


11. A	HOURS AFTER DEA M. 1B. GIVE PAGES M. 1B. GIVE PAGES RMIT. PAGES 1 RM- FINE, DIVISION OF M.L.	TO MEDICAL EXAMINES, THIS CREMINCATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTR DEATH. IF AN DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD." FENDING" IN PENCIL IN 1764 18. GIVE PAGES 1, 2, AND 310 PAGE 4 SHOULD BE FORWARDED 10 THE CHIEF MEDICAL EXAMINER AIONG WITH FORM PM 3. RETAIN 19 TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL. "RANSIT PERMIT, FORENT PAGES 1 AND 2 S FOULD BE AFTER DEATH. MITH THE STATE OFFERENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL LECOND BALTHWORE.
, MD, 21201	N ST., BALTIMORE	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

BP____ DHMH - 17 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		FOR STATE		D	EPARTMENT O	FHEALTH	AND MENTAL H	TYGIENE	3	0	3 8) /
		REGISTRAR		MED	DICAL EXAMI	NER'S	ERTIFICATE C	OF DEATH	REG. NO			
- [EASED NAME OF PRINTS	ME FIRST		WIDDIE		LAST	20. DATE	KNOWN 🗵	MONTH	DAY YEAR	26 HOUR
	(1177	- Okt killing	MAYNA	ARD	J.	T	AYLOR		H MATED	4 29	9 19 8	3 M
	SEX		4 RACE	S. DATE OF BIRTH	6. AGE (IN		DER 1 YR. IF UNDER	24 HRS. 2c DA		MONTH	DAY YEAR	24 HOUR 9:33
- 1	ma	ale	Black	6 18	1 1 7 1	YRS.	HS DAYS HOURS	MIN PRONO		4 2	9 198	
3	7a BIF	RTHPLACE PEIGN COUNTRY	(STATE OR	76 CITIZEN OF WHA	AT COUNTRY?	8 MAPP	ED NEVER MARR	9 BALTI	MORE CITY OF	COUNTY		
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1	14. FA	THER'S NAM		WIDDLE	LAST		IS MOTHER'S MAID	ENNAME	MIDDLE		EAST	
C		Monf			Taylor		Hattie					
	160 W	AS DECEAS	ED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL SECUR		17. INFORMANT		ADDRESS			
		NO			217-01-	7609	Mamie E.	. Taylor	2706	Wood	lview	Road
			OF DEATH (Enter on DEATH WAS CAUSE	ly ane couse per line f	far (a), (b), and (c).)						BETWEEN ON	SET AND DEATH
-1		PARITE	IMMEDIA	TE CAUSE (a) M	ultiple i	njurie	s					
		81	7/		AS A CONSEQUENC	E OF						
			ons, if ony, which rise to immediate									
			a) stating the <u>under</u> - ause last.	DUE TO, OR A	AS A CONSEQUENC	E OF						
		-7 mg c.	3030 1031.	(c)								
	_	PART 2 OTNER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN PA	ART 1 (a)				
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and !	I CE	UNDERLYIN	IG ROR	HOURXAXAX	MONTH DAY YE	AR				IRI I OR PARI 2	4)	
3	DICA		TING CAUSE OF		4-29- 19 PEINJURY (ATHOME,		edestrian s	STruck by	auto.			
	MEC	WHILE		STREET, FACTO	ORY, FARM, ETC.)		TREET	CITY OR		COUNT		STATE
X		AT WORK	AT WORK	a stre	et] Ke	sterstown	Ra. & Wa	tgrover	, D	alto.	Md.
/		22a I cer	rtify that I taak charg	ge of the remains descr		Autap	sy X, Inspectio	an L, Inquii	y L. and	in my opini	ion	
3		death resu	Ited from Notu	ral couses .	Accident X,	Suicide	, Homicide .	Undetermined	manner			
-		ACTUAL	ANA	1	7		TITLE (SPECIFY)			DATE		
		SIGNATUR	1110		10		D Assistan	MEDICAL EX	MINER	SIGNED.	4-30	-83
X		EXAMINER'	SNAME AT	nn M. Dixo	n. M.D.		ADDRESS 111	Penn St.	, Balto	., Md	. 2120	1
	23a BL	JRIAL CREM	ATION REMOVAL	23b DATE	23c NAME OF C	EMETERY C	R CREMATORY	23d LOCATION				
	(5)	BURI.	AL	5/5/83	Cedar	Hi1	1 Cem.	Gleni	ournie	COUNTY	M	d.
	24. FU	JNERAL DIRE	ECTOR	ADDRESS			25a. DATE	REC'D. BY REGIST		TRAR'S SIG	NATURE .	
	Wn		arch F/H	Inc. 11	01 E Nor	th A	ve. MA	Y 2 1983	2	mod	- lahu	4



executed within 24 hours after death. Page 4 may be

		LIZABETH	H TAYLOR	CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		3 0
	ECEASED NAME PRINTI		MIDDLE	The same of the sa	-OR	20. DATE OF DEATH	4-12-83	26. HOUR
3. SE	× F _{emale}	4. RACE White		Sept		6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR MONTHS DAYS	
4	IRTHPLACE (STATE OF FOREIGN COUNTRY) ennsylvania	76 CITIZEN OF V	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY O Baltimor	R COUNTY OF DEATH	
10. CI	Baltimore	(IF NOT IN SUCH	HOSPITAL, NURSIN HFACILITY, GIVE STREET HOSPITAL		OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST O Retired -	ON F WORKING LIFE) Practical N	OF BUSINES Y UTSE
13a. S	STATE COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Woodlaw	N	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 5932 Sun	set Avenue	21207
14. FA	ATHER'S NAME FIRST Fred	MIDDLE	LAST Gasne	r	15. MOTHER'S MAIDEN NAM FIRST (UNKNOWN	ΛE	14	AST OWER
- 0	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR GATES)	16h SOCIAL SECU 212-30-		17 INFORMANT Miss Marian	E. Taylor	Same as #	13
	Conditions, if any, which gave rise to immediate cause (a), stating the	(p)						
-	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D		NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART 1	1(0
IFICATION	underlying couse lost	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
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	UNDERLYING COUSE TOST PART 2 OTHER SIGNIFICANT SHYS AA 190. DATE OF OPERATION 4. IF STATES 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 220. I certify that (I) (1) (1) is hosp sow if the solid lid (id) in observed that (I) (1) (1) is hosp sow if the solid (I) (1) (1) in the sound of the solid (I) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	CONDITIONS CO TION 19h. CONDITIONS 21h. TIME OI HOUR A.P. 21e PLACE ((ATHOME, STRI ito)) ottended the	TION FOR WHICH OF INJURY M. MONTH DA OF INJURY SET, FACTORY, OFFICE, F e deceosed from ofter death.	OPERATIO OPERATIO OPERATIO 19 ARM. ETC.)	N WAS PERFORMED DSTD M 9 211. HOW INJURY OCCURR 211. LOCATION STREET 19 10 that in (my) (our) pinion of physician (physician) 222. ADDRESS	200 AUTOPSY? YES NO CITY OR TO: CITY OR TO: death accurred on the do	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES RY IN ITEM 10. PART 1 OR PART 2) WN COUNTY 22c. DAT FIAN 2	SI.

DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be the with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

(VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attending physician.

> Crestlawn Cemetery Lerox M. Russell C. Witzke Funeral Homes 1630 Edmondson Avenue, Catonsville, Marylar

Maryland

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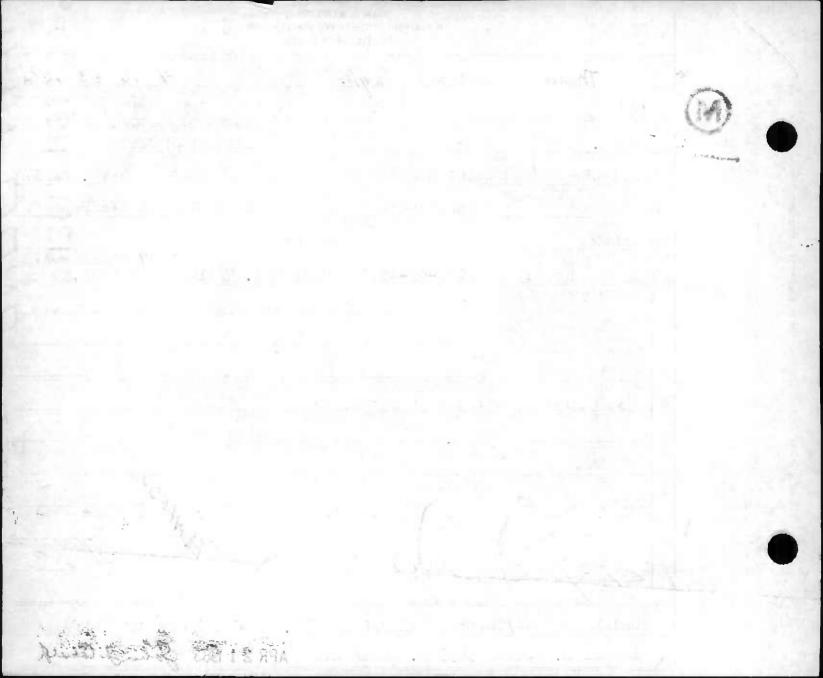
FOR

- STATE

CERTIFICATE OF DEATH REGISTRAR 2a DATE OF DEATH . DECEASED NAME MIDDLE YEAR 2b. HOUR (TYPE OR PRINT) Thomas WILLIAMSON 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAYS HOURS BLACK 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? ISTATE OR FOREIGN MARRIED NEVER MARRIED COLINTRY TENN. BALTIMORE CITY DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE EDGEWOOD NURSINGHOME CHAUFFEUR FAMIL MAL RESIDENCE (JENURSING HOME OF OTHER INSTITUTION STATE BALTIMORE 136 COUNTY MD COLLEGE YES X AVENUE NO F A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE UNKNOWN UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT COLLEGE AVE (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) -03-4568A TAYLOR BALTIMORE MD ${
m YES}$ APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause o', stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost [0] ò PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION O 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED à IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [shav and Mental Hygi 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL urial (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 10 21f LOCATION 21d INTURY OCCURRED 21ª PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK ď 22a.1 certify that (1) (thus haspital) attended the deceased from sow the deceased alive on and that in (my) (exe) opinion death occurred on the date and hour and from the causes stated obove, (1) (wet (did) (did not) view the body ofter death DIRECT be detached to State Dept. 22h SIGNATURE DEGREE 22: DATE SIGNED ATTENDING No. MEDICAL STAFF FUNERAL PHYSICIAN IX DIRECTOR PHYSICIAN MPORTANT 22 PHYSICIAN'S NAME ITURE OF PRINT 22e. ADDRESS should be 23g BURIAL CREMATION REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY . 23d. LOCATION STATE BURIAL 4/20/83 BALTIMORE BALTIMORE NATL BP. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 HERDER MUTILA 3005 W. NORIH AVE (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		CERTIFICATE OF DEATH	REG. NO.		
ASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONT	TH DAY YEAR	2b. HOUR A
	.LA	TEDDLIE	APRIL 20, 19	983	9:20 M
	4. RACE	5 DATE OF BIRTH) IF UNDER 1 YEAR	IF UNDER 24 HRS
FEMALE	CAUCASIAN	5 5 IO	72		HOURS MIN.
HPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR CO		
RYLAND	USA	WIDOWED DIVORCED		ITY,	MD.
OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET 2500 W. BELVE D	DERE AVE APT. 103	120 USUAL OCCUPATION UNEMPLOYMENT		TE OF MD
RYLAND 136 COU	NTY 13c. CITY OR TOW	ORE 138 INSIDE CITY LIMITS?		VEDERE AVE	#21215 APT 10
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Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.)		Reval Disease	Le 4	pars
ART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL RISEASE OR CONDITIO	ON GIVEN IN PART 10	
a DATE OF OPERATION	195 CONDITION FOR WHICH	OPERATION WAS PERFORMED			
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sow the deceased alive or	april 19 198	, and that in (ray) (aux) opinio	n death occurred on the date on		that (1) (we) lost couses stated
26 SIGNATURA anua	lein ni	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN [22c. DATE 4/2	SIGNED
	FEMALE HPLACE (STATE OF FOREIGN UNITER) RYLAND OR TOWN OF DEATH RAITIMORE RESIDENCE (IF NURSING HOME O LITE (STATE OF OF DEATH RESIDENCE (IF NURSING HOME O LITE (STATE OF OF DEATH RESIDENCE (IF NURSING HOME O RESIDENCE (IF NURSING HOME O LITE (STATE OF DEATH RESIDENCE (IF NURSING HOME O LITE (IF YES, G NO REALTIMORE RESIDENCE (IF NURSING HOME O LITE (IF YES, G NO REALT LIDENT HOME (IF YES, G NO REALT LIDENT HOME O LITE (IF YES, G NO RECONTRIBUTING (IF YES, G RECONTRIBUTING (IF CANTE RECONTRIBUTING (IF CANTE) RECONTRIBUTING (IF CONTRIBUTING (IF CONTRIBUTION (IF CONTRIBU	PRINT) DELLA 4. RACE CAUCASIAN 4. RACE HPLACE (STATE OR FOREIGN INTRY) INTRY LAND OR TOWN OF DEATH CITIZEN OF WHAT COUNTRY? USA OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE METAL INTRY RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE HOR INTRY) RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE HOR INTRY) RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE HOR INTRY) REPRINT (IF YES, GIVE WAR OR DATES) COOR UNKNOWN) CAUSE OF DEATH (Enter only one cause per line for 12, (b), or PART I. DEATH WAS CAUSED BY. CONDITIONS (INTRY) DUE TO, OR AS A CONSEQUENCE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) ID. ACCIDENT WAS UNDERLYING 19b. CONDITIONS CONTRIBUTING TO THOUGH A.M. MONTH D.M. CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH D.M. CONTRIBUTING 10 CAUSE OF DEATH HOUR A.M. MONTH D.M. CONTRIBUTING 11 CAUSE OF INJURY HOUR A.M. MONTH D.M. CONTRIBUTING 11 CAUSE OF INJURY HOUR A.M. MONTH D.M. CONTRIBUTING 12 CAUSE OF DEATH HOUR A.M. MONTH D.M. CONTRIBUTING 12 CAUSE OF DEATH HOUR A.M. MONTH D.M. CONTRIBUTING 14 CAUSE OF INJURY (AT HOME, STREET, FACTORY OFFICE.) CONTRIBUTING 15 CAUSE OF DEATH HOUR A.M. MONTH D.M. CONTRIBUTING 15 CAUSE OF DEATH HOUR A.M. MONTH D.M. CONTRIBUTING 16 CAUSE OF DEATH HOUR A.M. MONTH D.M. CONTRIBUTING 17 CAUSE OF DEATH HOUR A.M. MONTH D.M. CONTRIBUTING 18 CAUSE OF DEATH HOUR A.M. MONTH D.M. CONTRIBUTING 19 CAUSE OF DEATH HOUR A.M. MONTH D.M. CONTRIBUTION OF COURSED 19 CAUSE OF DEATH HOUR A.M. MONTH D.M. CONTRIBUTION OF COURSED 19 CAUSE OF DEATH HOUR A.M. MONTH D.M. CONTRIBUTION OF COURSED 19 CAUSE OF DEATH HOUR A.M. MONTH D.M. CONTRIBUTION OF COURSED 19 CAUSE OF DEATH HOUR A.M. MONTH D.M. CONTRIBUTION OF COURSED 19 CAUSE OF DEATH HOUR A.M. MONTH D.M. CONTRIBUTION OF COURSED 19 CAUSE OF DEATH HOUR A.M. MONTH D.M. CONTRIBUTION OF COURSED 19 CAUSE OF DEATH HOUR A.M. CONTRIBUTION OF COURSED 19	TEDDLIE 4. RACE 5. DATE OF BIRTH MONTH DAY VEAR FEMALE CAUCASIAN HPLACE (STATE OR FOREIGN INTERT) TO CHIZEN OF WHAT COUNTRY? MARRIED NEVER NEVER MARRIED NEVER MAR	DELLA TEDDLIE APRIL 20, 1 ARCE S. DATE OF BIRTH MONTH MARRIED DATE OF BIRTH MONTH DATE OF BIRTH MONTH DATE OF BIRTH ACCE (INTERNASIAST BIRTHOAY 72 HELACE (STATE OR FOREIGN) REVIEW OF THE ASSETTION OF COLUMN OF THE ACCOUNT OF THE AC	DELLA TEDDLIE APRIL 20, 1983 I. RACE S. DATE OF BIRTH MONTH ON THE ARCE (STATE OF FORTION OF THE ARCE) FEMALE CAUCASIAN 5 DATE OF BIRTH MONTH ON THE ARCE (STATE OF FORTION OF THE ARCE) FEMALE CAUCASIAN 72 YRS REFLACE (STATE OF FORTION OF THE ARCE) ARCHITECTURY OF WHAT COUNTRY? BARRIED WOOWNERS AND DIVORCED ON THE ARCHITECTURY OF WHAT COUNTRY? BARRIED WOOWNERS OF THE ARCHITECTURY OF WHAT COUNTRY? BARRIED WOOWNERS OF THE ARCHITECTURY OF WHAT COUNTRY? BARRIED WOOWNERS OF THE ARCHITECTURY OF WHAT COUNTRY? BARRIED WOOWNERS WAS ARCHITECTURY OF WHAT COUNTRY? BARRIED WOOWNERS WAS ARCHITECTURY OF WHAT COUNTRY OF THE ARCHITECTURY OF WHAT COUNTRY? BARRIED WOOWNERS WAS ARCHITECTURY OF WHAT COUNTRY OF THE ARCHITECTURY OF WHAT COUNTRY OF WHAT COUNTRY OF THE ARCHITECTURY OF WHAT COUNTRY OF WHAT COU

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TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygene prior to burial, cr

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MPORTANT: If He

O HOSPITAL OR ATTENDING PHYSICIAN: The

DHMH - 16 50M 1/81 (VRA 15, 4)

LEVIN, MD. MANUEL 230 BURIAL, CREMATION, REMOVAL 23b DATE 4/22/83

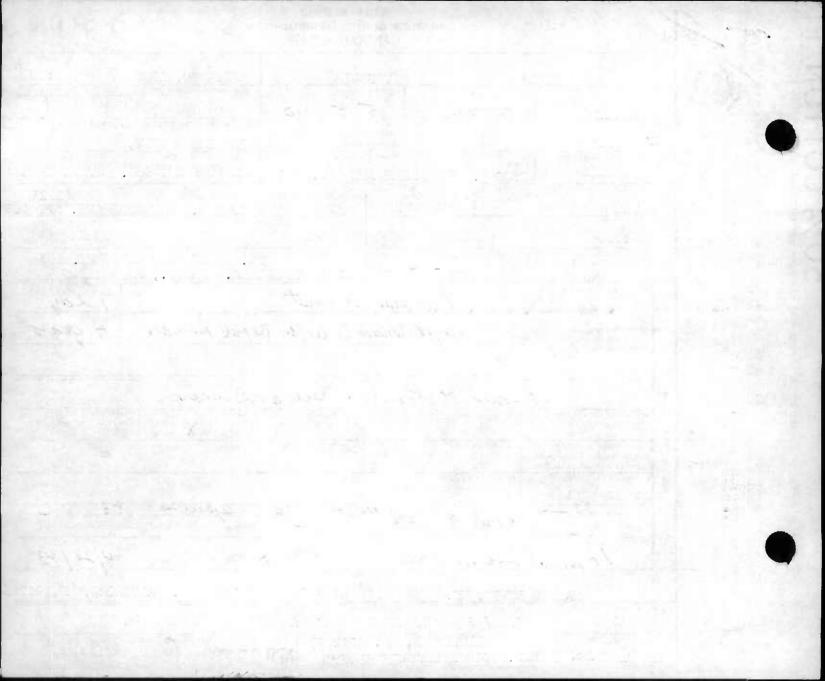
231 NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEM

22e ADDRESS

BACTTMORE, MD. COUNTY

6101 PARK HEIGHTS AVE. BALTIMORE, MD, 21215

BALTIMORE, MD. (21215
SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD BALTIMORE, MD. (21215)



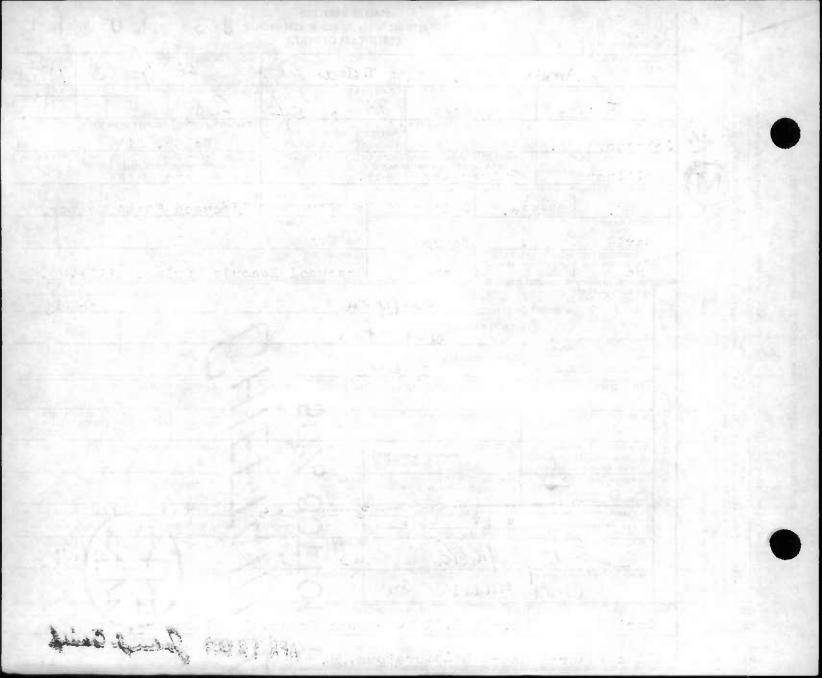
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages, I and 2 this with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

ur uneral director, page 3 thin 72 hours after death

Ð	1.	FOR - STATE REGISTRAR		DEPARTM	NENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 3	10	3
		CEASED NAME FIRST E OR PRINT) ANGELO	N	R. TE	DROW	LAST	20. DATE OF DEATH	MONTH DAY SEAR	26. HOUR 55
	3. SE	x Vemale	4. RACE	hite	5. DATE	OF BIRTH BAY YEAR YEAR	6. AGE (IN YEARS LAST BIR	MONTHS DA	
15	Jo	hnstown Pa.		WHAT COUNTRY?	WIDOW			o. City	MD.
8) E	Baltimore	Unive	ersity H	losp	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Non	F WORKING LIFE) INDUST	D OF BUSINESS OR RY
3	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 186. COUN Ba.	other institution, ITY Lto.	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Owings	N	13d. Inside City Limits? Syes \(\) NO \(\)	130. STREET ADDRESS Rosewood	State Ce	enter
2	1	David I	WIDDLE	Tedrow		15. MOTHER'S MAIDEN NA/ Eva	Kehl		LAST
2	16a. \	WAS DECEASED EVER IN U.S. ARI YES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	None	RITY NO.	Rosewood Re	cords Ow	ings Mill	s.Md.
TA	ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR (c) CONDITIONS CO	ONTRIBUTING TO D	NCE OF		INAL DISEASE OR CONI	DITION GIVEN IN PART	300
	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	21b. TIME O			21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUS	SES OF DEATH?
4		OR CONTRIBUTING CAUSE OF DEA	HOUR A./	M, MONTH DA M.	YEAR		CED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART	2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210: PLACE C	OF INJURY SEET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
7		220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	9 19	19	<u> </u>	nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STAIL	22c. DA	_, that (I) (we) last the couses stated ATE SIGNED
7		228. PHYSICIAN'S NAME (TYPEO	MILL (LGS ,	co	22e. ADDRESS		7.36	
		BURIAL, CREMATION, REMOVAL (BUTIAL) UNERAL DIRECTOR	April			CEMETERY OR CREMATORY Green Memori 175- DAT	23d LOCATION CITY OF TOWN al Finks	burg, Md	STATE
32		lline Funeral	Homo	Reister	stor	IN Md APR	1 2 1983	sund.	

DHMH - 16 50M 4/8 (VRA 15, 4)



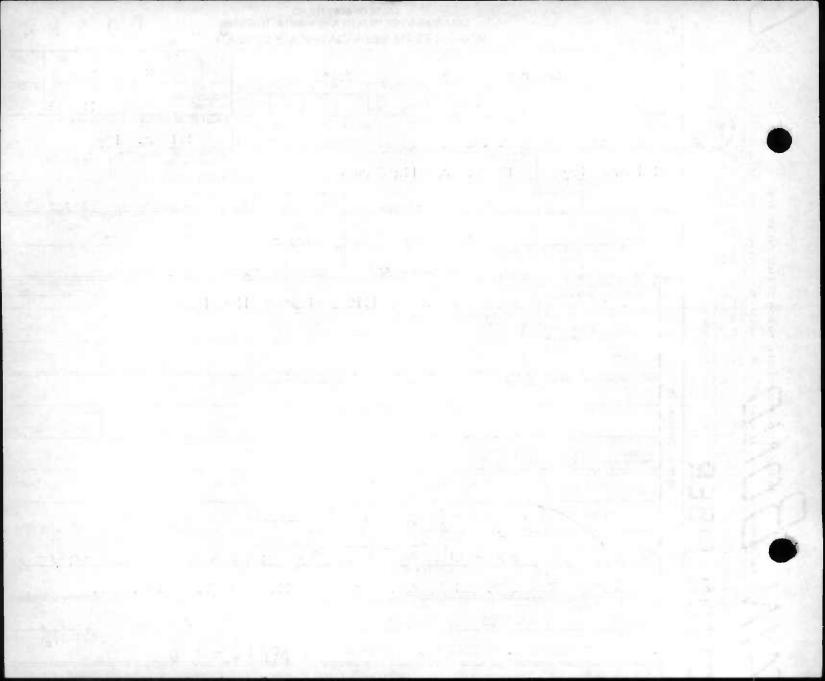
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM.3. RETAIN PAGE 5 ON FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILE. THOUSE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL PECORDS, 201

HEALTH AND STATE DESTRUCTOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

BP______

(VR A15 ME (5)) 20M 4/82

	1-	FOR STATE	V=1/21		STA PARTMENT OF CAL EXAMIN	HEALTH		NTAL HY	DEATH	10	3	2
	I. DEC	REGISTRAR CEASED NAME PE OR PRINT)		MI	DDLE	_	LAST	ATE OF	20 DATE KNOWN OF ESTI- DEATH MATED	MONTH	DAY YEAR	26. HOUR
	3. SEX	(Marc 4 RACE	5. DATE OF BIRTH MONTH DAY		6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. AR LAST BIRTHDAY) MONTHS DAYS HOURS MIN.				MONTH	9 19 83 DAY YEAR	2d. HOUR
D	BII FOI	emale IRTHPLACE (ST. REIGN COUNTRY) Marylar ITY OR TOWN C		May 18,1916	COUNTRY?	WIDOW	ED NEVI	ER MARRIEI DIVORCEI	DEAD 9. BALTIMORE CIT Baltimo	ore Cit	у,	MD.
0		ity or town o		11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY 124 W. F				ION	FOR MOST OF WORKING LIFE) Housewife	TYPE OF WORK	OR INDUS	
5	13a S1		IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RENTY	SIDENCE BÉFORE ADMISS B. CITY OR TOWN Baltimor	,	13d. INSIDE (IT	Y LIMITS?	13e STREET ADDRESS 124 W. Frank	lin St	2120	2
41		ATHER'S NAME		WIDDLE	LAST		15. MOTHER	ST	NAME		LAST	
U	160 W	George WAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. AR	RMED FORCES?	brenner 6 SOCIAL SECURIT 213-22-35		17. INFORM.		? ADDRI		?	-4
	NO	Condition gave rist cause (a) lying cause	s, if any, which e to immediate stating the under selost.	DUE TO, OR AS	iabetes me a consequence a consequence	OF OF			plications T(e).		BETWEEN ONS	ET AND DEATH
2	CERTIFICATION	19a DATE OF			N FOR WHICH OPER						20 AUTOPSY	NO X
3	MEDICAL CE	UNDERLYING CONTRIBUTION 21d INJURY O WHILE AT WORK	IG CAUSE OF CCURRED NOT WHILE AT WORK	DEATH P.M. 21e PLACE OF I STREET, FACTORY	ONTH DAY YEA 19 NJÜRY (ATHOME, ,FARM, ETC.)	21f LOG	CATION TREET	Inspection	CITY OR TOWN Inquiry Undetermined monner	COL	YTAI	STATE
ACTUAL SPECIFY)									DATE SIGNE	ID.		
4	24 FL	Burial UNERAL DIRECT	TOR	4/15/83	Parkwoo	d	12:	Sa. DATE RE	Baltimore,		nd .	STATE
	Leonard J Ruck Inc. Baltimore, Maryland APR 1 3 1983										A.	



2		REGISTRAR	
9 25		CEASED NAME HERST	3E
4 may ector, pag est after de	3. SE		B/a
ONO 70		IRTHPLACE (STATE OR FOREIGN 7b.	CITIZENO
by the mortified with	10. C	BACTIMORE	FOU
AND 2120 n 24 hours filled in by bould be fill	13%	AL RESIDENCE IF NURSING HOME OR OTH STATE AND 136. COUNTY	ER INSTITUTIO
MARYL Maleraly Maryland	14. F/	ATHER'S NAME MIDE	DIE
TMORE, secretal conf. co	16a. V	NAS DECEASED EVER IN U.S. ARMEI YES, MYORUNKNOWN) (IF YES, GIVE WA	
1 W. PRESTON ST., BALT that the death certificate it by the attending physica tose remove cortangement. It, cremotion, or removal. coher traumatic event, the		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B 42 54 IMMEDIATE C Canditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.	Y:
DRDS, 20 requires in the plan of the burning or to burning	NOIL	PART 2. OTHER SIGNIFICANT COM	
The low can to have been been been been been been been be	RTIFICAL	90 DATE OF OPERATION	19b. CON
ICIAN OF PITTER OF PI	CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME HOUR
DIVISION NG PHYS other this country the but the country the countr	MEDI	21d INJURY OCCURRED NOT WHILE AT WORK	21e PLAC (AT HOME.
ENDE of or of or strength		220.1 certify that (1) (this hospital)	attended

FOR

STATE

obove, (I) (we) (did) (did ng

226. SIGNATURE

230. BURIAL, CREMATION, REMOVAL

P.M.

ADDRESS

1012

23b. DATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. LAST 20. DATE OF DEATH __ MONTH 2b HOUR 5. DATE OF BIRTH (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS 30 9. BALTIMORE CITY OR COUNTY OF DEATH b. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TIN SUCH FACILITY, GIVE STREET ADBRESS) TYPE O WORK FOR MOST OF WORKING LIFE! aborer On struction 134 STREET ADERESS 13d. INSIDE CITY LIMITS? 25126040 way YES TX NO [15 MOTHER'S MAIDEN NAME onka ADDRESS 17. INFORMANT only ane cause per line for (o), (b), and (c) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF DIOMYDPATH CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR 19 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) pital) attended the deceased from and that in (my) (our) opinion deoth accurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 23d. LOCATION 231. NAME OF CEMETERY OR CREMATORY CITY OR TOWN

250. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/B2 (VRA 15, 4)

FUNERAL DIRE

43083 Y Very and and 230-56-369 Flora Patropal 2512 Long him Hang requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo

retained by the haspital ar offending physicion.

BP

	12	1 - FOR STATE REGIS
M		1. DECEASED (TYPE OR PRINT)
age of the state o		3. SEX F∈ BIRTHPLACE
funeral d thin 72 h	35	Mary 10. CITY OR TO
ours offer in by the se filled w	10	Balt WoUAL RESID 130. STATE
the 24 h	35	Mary1
d vir	120	E

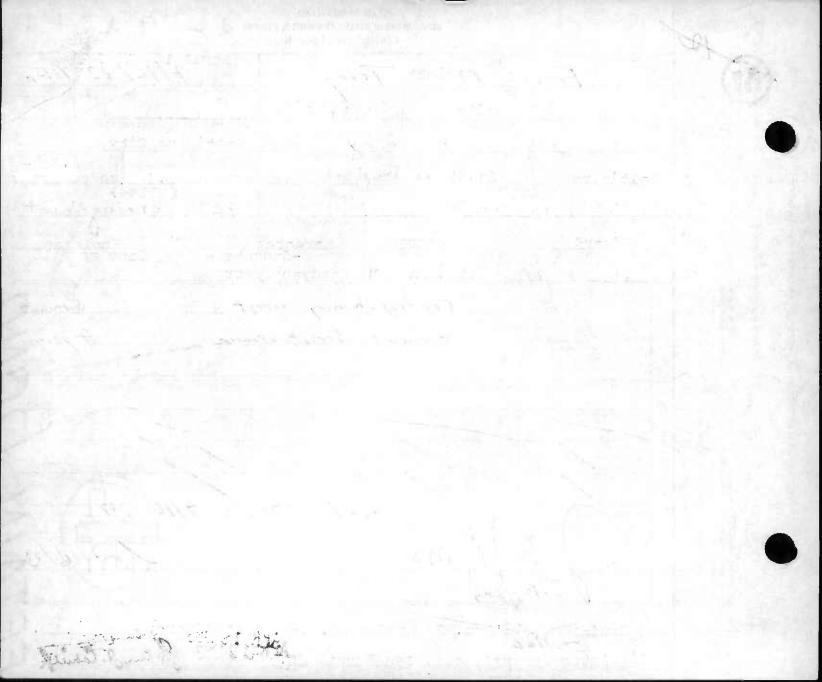
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 1 0 3 1 CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERT	IFICATE OF DEATH	REG. NO.	
	EASED NAME	FIRST	WIDDLE	LAST	20. DATA OF PEATH AOGH,	A983 AR 26 HOUR
(TYPE	OR PRINT)	Frieda H	enrietta '	Terry	4/10	183 1:15 AM
3. SEX		4 RACE		E OF BIRTY	6 AGE (IN YEARS LAST BIRTHDAY)	MONN DAYS HOURS MIN.
	Female	Whi		n. 10, 1924	59 YRS.	MONTH DAYS HOURS MIN.
Je BIR	THPLACE (STATE OR F	OREIGN 76. CITIZEN OF	WHAT COUNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	aryland	u.s	A. · WIDO	WED DIVORCED	Baltimore C	ity, MD.
10. CIT	Y OR TOWN OF DEA		HOSPITAL, NURSING HOM CH FAGUITY, GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR INDUSTRY A SCh
	altimore	5+	- Itanes Hos	pital	Seamstress	reder &Sons
130. 5	L RESIDENCE (IF NURSI TATE Tyland	NG HOME OR OTHER INSTITUTION 136 COUNTY A.A.	GIVE RESIDENCE BEFORE ADMISSION SEVERN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 211	
_	THER'S NAME	24 . 23 .	Devern	YES NO Z		iring Count
	FIRST	WIDDIE	LASI	FIRST	WIDDLE	DIAST
16n W	Edward	IN U.S. ARMED FORCES?	Merson 166. SOCIAL SECURITY NO	Margare	ahter- ADDRESS S	Engleman
	ES, NO OR I "HKNOWN)	(IF YES, GIVE WAR OR DATES)			_	ame as # 13
	No	N/A	219.16.720	l. Nancyann	Terry	APPD/AVIMAYS INTERVAL
	PART I. DEATH W	◆ Enter only one cause peals AS CAUSED BY:	0 1:	4.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1749	IMMEDIATE CAUSE (a)	(Krulopi	almoning cir	CIT	O Minnt.
	Condition 1		OR AS A CONSEQUENCE OF	, / ,	c	4
	Conditions, if any, gave rise to imm	nediote	Terminal		ancep	1 years
	underlying cause	last.	OR AS A CONSEQUENCE OF			In Ame
	PART 2 OTHER SIGN	(c)	ONTRIBUTING TO DEATH B	LIT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	IVEN IN PART 1/a
NO.		_				
MEDICAL CERTIFICATION	90. DATE OF OPERAT	ION 196. CONE	ITION FOR WHICH OPERAL	ION WAS PERFORMED	200 AUTOPSY? 206. IF YE	S, WERE FINDINGS USED
Ē						IFYING CAUSES OF DEATH?
CER	210. ACCIDENT WAS UND	110110	OF INJURY .M. MONIN DAY YEA	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
CAL	OR CONTRIBUTING	AUSE OF DEATH	.M. MOINT DAT TEA			
ğ	21d. INJURY OCCUR		OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
Σ	WHILE NO WH	OF T	REET, FACTORY, STFICE, FARM, ETC.)	JAMES	41.	3,7412
	22s I certify that (b)	his hospitali attended t	ne deceased from	15/ 19 73		, 19, that (I) (we) last
	say the decease above, (II (we) (d	d alive on	rafter death.	and that in (my) (aur) opinion	death occurred on the date and ho	ur and fram the causes stated
	77h. SIGNATURE	1/1-11	000	DEGREE		221. DATE SIGNED,
		1 m	11/13	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/16/13
	22d. PHYSICIAN'S D	ME (TYPE OR PRINT))	22e ADDRESS		
		V.M. (JJ.				
	JRIAL, CREMATION, I	REMOVAL 236. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	Burial	119 AT	r.83 Loude	on Pk. Cem.	Paltimores	MD.
74 FU	NERAL DIRECTOR	Allero .	#DD#ESS	12 B		TRAR'S SIGNATURE
	Singleto	n Funeral	Home, Glen	Burnie MD.	الله الله الله الله الله الله الله الله	J. Camela
				-		

DHMH - 16 50M 1/81 (VRA 15, 4)

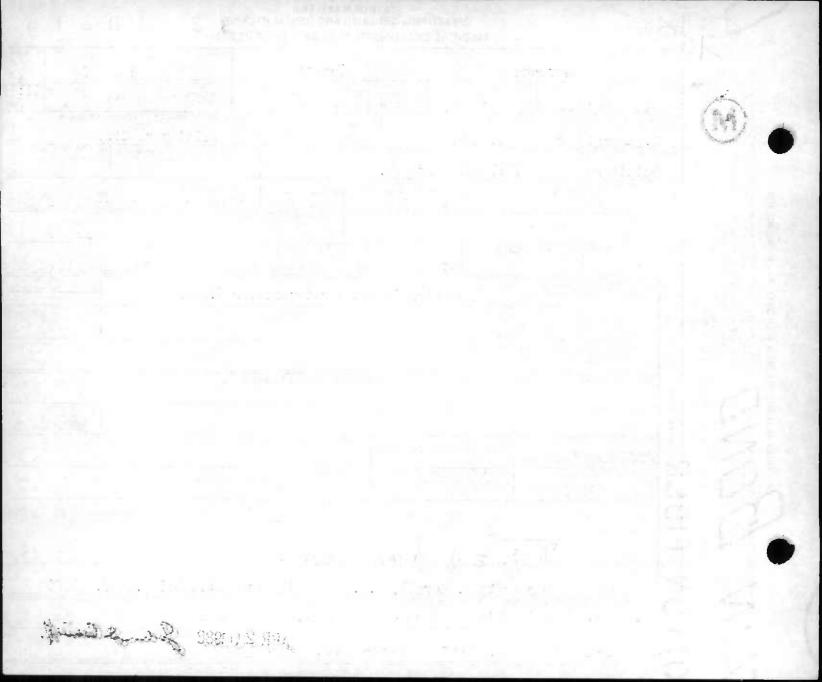
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and rail should be detoched for use as the buriol-transit permit. Then please remove carban-papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, the



20M 4/82

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENB



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	3	0	3	1	0

				CE11.11	FICATE OF DEATH	REG. NO.	
	DECEASED NAME (TYPE OR PRINT)	GEORGE	EDWARD		CHOMAS	20. DATE OF DEATH MONTH	11 83 26. HOUR 5:55
3.	Male Male	4. RAC	White	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 67 YRS	IF UNDER 1 YEAR IF UNDER 2
30	BIRTHPLACE (STATE (COUNTRY) Maryland	OR FOREIGN 76. CIT	U.S.A.	? 8. MARRIE WIDOWE	ED NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY BALTIMORE	TY OF DEATH
43 10	BALT IMO	(IE	AME OF HOSPITAL, NURSII NOT IN SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Chauffeur	126. KIND OF BUSINES
35	SUAL RESIDENCE (IF NO 30. STATE Maryland	URSING HOME OR OTHER II	NSTITUTION, GIVE RESIDENCE BEFOR 13c. CITY OR TOV Baltime	RE ADMISSION)	13d. INSIDE CITY LIMITS?	Foreman 13e STREET ADDRESS . 1821 McHenry S	
3/0 "	I. FATHER'S NAME FIRST Edway	MIDDLE	Tho	mas	15. MOTHER'S MAIDEN NAM FIRST Lillian	MIDDLE	Johnsto
16	WAS DECEASED EV (YES, NO OR UNKNOWN) YES	ER IN U.S. ARMED FO 1936-19	OR DATES)		Catherine A.	Thomas 1821 Mc	Henry Street
	couse (a), sta		UE TO, OR AS A CONSEQU				
	PART 2. OTHER SI	oring the Juse last. Di	(c) hepas	DEATH BUT	NOT RELATED TO THE TERM		res, were findings used
1 5	PART 2. OTHER SI 19a. DATE OF OPER 21a. ACCIDENT WAS	GNIFICANT CONDI	(c) Lapash TIONS CONTRIBUTING TO 16. CONDITION FOR WHICH 16. TIME OF INJURY HOUR A.M. MONTH D P.M.	DEATH BUT	ON WAS PERFORMED 21c. HOW INJURY OCCURR	INAL DISEASE OR CONDITION G 20a AUTOPSY? 20b. IF Y IN CERT	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO
1 5	PART 2. OTHER SI 19a. DATE OF OPER 19a. DATE OF OPER 21a. ACCIDENT WAS (4F EITHER, NOTHY M 21d. INJURY OCCU WHILE NOTHY M 22a.1 certify that saw the dece	GNIFICANT CONDI	(c) Legal TIONS CONTRIBUTING TO 16. CONDITION FOR WHICH 16. TIME OF INJURY HOUR A.M. MONTH D P.M. 16. PLACE OF INJURY THOME. STREET, FACTORY, OFFICE, 18. CHARLES TREET, FACTORY, OFFICE, 19. C	DEATH BUT H OPERATIO DAY YEAR 19 FARM. ETC.)	21c. HOW INJURY OCCURR 21h. LOCATION STREET	INAL DISEASE OR CONDITION G 200 AUTOPSY? YES □ NO □ 100 CERT	VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO SERVICE NO COUNTY STATES COUNTY STATES THE TIPE TO THE TIPE
9	PART 2. OTHER SI 19a. DATE OF OPEN 21a. ACCIDENT WAS UNDER SI 21b. SIGNATURE	GNIFICANT CONDI	(c) hepasitions CONTRIBUTING TO 16. CONDITION FOR WHICH 17. MONTH D 18. PLACE OF INJURY 18. THOME. STREET, FACTORY, OFFICE, 18. Months of the deceased from 19. Months of the deceased from 19	DAY YEAR 19 FARM. ETC.)	21c. HOW INJURY OCCURR 21f. LOCATION STREET 19 23 nd that in (my) (aur) apinian of DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO PORTON NOTE NOTE NOTE NOTE NOTE NOTE NOTE N	VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO SERVICE NO COUNTY STATES COUNTY STATES THE TIPE TO THE TIPE
9	PART 2. OTHER SI 19a. DATE OF OPEN 21a. ACCIDENT WAS UNDER SI 21b. SIGNATURE	GNIFICANT CONDI RATION 19 UNDERLYING 11 CAUSE OF DEATH EDICAL EXAMINER) UNRED 21 (A) WHILE 1 (A) WHILE 1 (A) WHILE 1 (A) NAME (TYPE OR PRINT) N, REMOVAL 23b.	(c) hepath TIONS CONTRIBUTING TO 16. CONDITION FOR WHICH 17. MONTH D 18. PLACE OF INJURY 18. PLACE OF INJURY 18. THOME, STREET, FACTORY, OFFICE, 18. Included the deceased from 19. The bady after death. 19. Melle MD 11. Lended the deceased from 19. Lended the deceased from the deceased	DAY YEAR 19 FARM, ETC)	21c. HOW INJURY OCCURR 21f. LOCATION STREET 19 23 nd that in (my) (aur) apinian of DEGREE ATTENDING PHYSICIAN	20a AUTOPSY? YES NO PORTOWN CITY OR TOWN MEDICAL STAFF	VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO COUNTY STATES OF THE PROPERTY OF THE PR

DHMH - 16 50M 4/B2 (VRA 15, 4)

retained by the haspital or attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN:

BP.

ADDRESS Hubbard Funeral Home, Inc. 4107 Wilkens Ave

21229

APR 1 3 1983

S-25 SERVICIONAL

Second Superst Some Suc. will estimate from

page 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b should be detached for use as the burial-transit permit. Then please emove carbon papers, Pages 1 and 2 should be till with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attending physician.

BP.

DHMH - 16 50M 4/B2

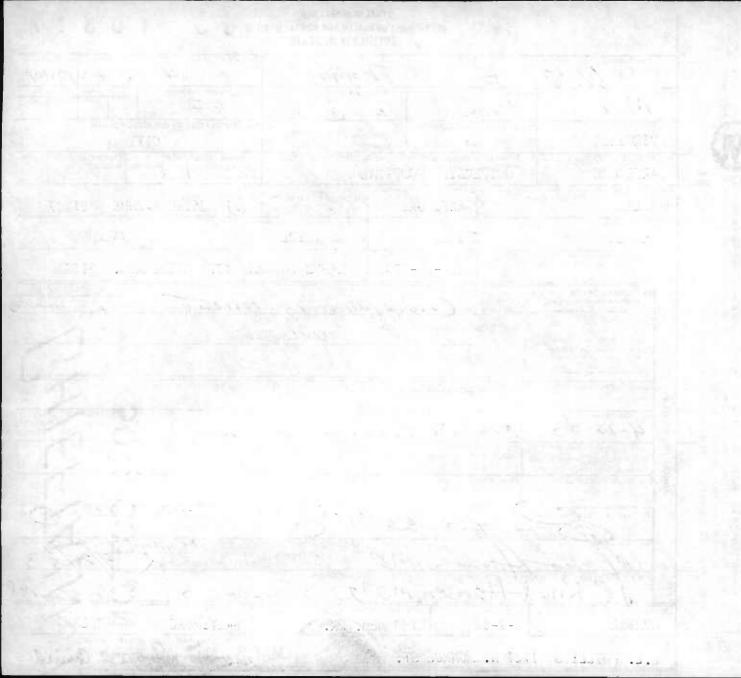
(VRA 15, 4)

	,	FOR	D!		E OF MARYLAND EALTH AND MENTAL HYG	GIENE 8 3	10	3 1 2	1
	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		
		CEASED NAME FIRST OR PRINT; Walter	MIDDLE	TI	romas	2a. DATE OF DEATH	HONTH DAY	YEAR 26. HOUR 83 12/10	AM
	3. SE)	Male	Black	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UN MONTH	DER I YEAR IF UNDER 24	MRS MIN.
3		RTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COU	INTRY? MARRIE WIDOWE	D XXNEVER MARRIED DIVORCED	9. BALTIMORE CITY O	CITY	DEATH	MD.
28		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOTIN SUCH EACHEY CIVE STREET CODRESS) UNIVERSITY HOSPITAL			120. USUAL OCCUPATION (LYBE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TRUCK DRIVER			
5		AL RESIDENCE (IF NURSING HOME OR OF THE NURSING HOR OF THE NURSING HOME OR OF THE NURSING HOME OR OF THE NURSING H		TMORE	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 43TO MAIN	E AVENUI	E 21207	
00	14. FA	THER'S NAME ENOCH	AIDDLE Thomas	åST Š	BEATRICE	WE	J	ACKSÖN	
1		VAS DECEASED EVER IN U.S. ARA (15 NO PRO NKNOWN) (15 YES, GIVE		-32-9752	17. INFORMANT GLADYS THOM	IAS 4310 MA		. 21207	
	TION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C		NSEQUENCE OF		MINAL DISEASE OR CONI		N PART Ito	
1	CERTIFICATION	190. DATE OF OPERATION 4-26-83	Metastati	C Colo	1	20a AUTOPSY?	IN CERTIFYING	G CAUSES OF DEATH?	?
9	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		OR PART 2) COUNTY STAT	YE.
	W	WHILE NOT WHILE THE AT MOTH	(AT HOME, STREET, FACTORY		STREET 19 8	3 , to 4/	28 , 19.2	that (If (we	Past
		saw the dispersion bave on obove (II) is not dispersion not 17th SIGNATOR	Hanser	1983,0	nd that in (m) (auri)apinian DEGREE ATTENDING PHYSICIAN [Sident	fram the causes state	3
1		22 PAYSTCIAN'S NAME TYPE OF	d-Hanse	1	220. ADDRESS 22 S.Gr	seene ST	Ba	Otimore,	ms
		BURIAL, CREMATION, REMOVAL SURTAL	23b. DATE 5-2-83	230. NAME OF C		BALTIMOR		XXXXVLAND STAT	TE
32	24. F	UNERAL DIRECTOR	1 - 01 11 1101-1	SODRESS	25a. DA	TE REC'D. BY REGISTRAR 1983	256 REGISTRAR	-	
	1	F.L. PHILLIPS	1721 N. MONRE	UE SI.	IVIA	AY 3 1983	John	A Carriel	Z

1721 N. MONROESST.

PHILLIPS

John & Coming



requires that the death certificate

ATTENDING PHYSICIAN: The law

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or ottending physician.

	1-	FOR STATE REGISTRAR	a distance	CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME OR PRINT) FIRST	S MELVIN	THOMPSON	04 21 1983	10.4
		MALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY 05 06 16	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 H
9	I	OUNTRY) LLINOIS BALTIMORE	ST. AGNES	MARRIED MEVER MARRIED DIVORCED DIVORCED SING HOME OR OTHER INSTITUTION HOSPITAL	9. BALTIMORE CITY OF COUNTY OF DEATH 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TRUCK DRIVER EASTER	
35	13a. S	ARYLAND BALT		TUS 13d. INSIDE CITY LIMITS	1934 SULPHUR SPRING ROA	D,212
134		WALTER I	THOMPSO		BETH SMIT	
2		(AS DECEASED EVER IN U.S. AR/ ES, NO OR UNKNOWN) YES WW	E WAR OR DATES)		ADDRESS MILLERSVILI THOMPSON 456 BRIGHTWOOD R	
ury, ar ather traumon	Z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECUTION OF THE CONSECUTION OF T	YONIA DUENCE OF O DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CHEAUNKNOWN ATIOLOG	Co V
c C	CERTIFICATION	19a DATE OF OPERATION		CH OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF YES, WERE FINDIN IN CERTIFY ING CAUSES (IGS USED
34	OK .	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH		CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
Ked or Ifem 18 shows o	MEDICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC) 21f. LOCATION STREET	CITY OR TOWN COUNTY	STAT
EG	_	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC tol) ottended the deceased from 19 1) view the body after death. R PRINT)	m 2 19 0 19 0 19 0 19 0 19 0 19 0 19 0 19	3 to 4 21 19 3 to tion death accurred on the date and hour and from the control of the date of the dat	

DHMH - 16 50M 4/82 (VRA 15, 4)

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74 FUNERAL DIRECTOR
HUBBARD FUNERAL HOME, 21229 4107 WILKENS AVE. INC.

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DRIG PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page or attending physician.	After this certificate lice, been signed by the ottending physician and completely littled in by the funeral direct on the burial-transfermal permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 hours
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STATE OF MARYLAND

1	1 -	STATE REGISTRAR			VEF	CERTIF	ICATE OF DEAT	TH	REG. N	¥ 10.	0 0	
1		EASED NAME	FIRST		MIDDLE	ı	AST		20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
ı		OR PRINT)	M.		J.	THOMP			April 15	. 100		09:490
1	3. SEX	(4	RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST &	IRTHDAY] IF U	NDER I YEAR	IF UNDER 24 HRS
1		Male		Whi	te	June		TEAR	58	YRS.	UA73	MOOKS MIN.
2		RTHPLACE (STATE OF	FOREIGN 7	b. CITIZEN OF		MARRIE	NEVER MARK		9. BALTIMORE CITY	OR COUNTY OF		
4	10 CIT	Virginia TY OR TOWN OF DE	ATU 1	U. S		WIDOWE	D DIVOR		12a USUAL OCCUPAT			MD.
z				(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	K OTHER INSTITUT	ION	(TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	F BUSINESS OF
4	B^{I}	ALTIMORE		JOHNS	HOP	KINS HO	SPITAL		Fence Cont	ractor F	Iome I	mprove-
4	13a. S	TATE Maryland				TOWN LVN Pk.	13d. INSIDE CITY L	IMITS?	314 Grove		beog	(21225)
1	I4 FA	THER'S NAME					15. MOTHER'S MA			e rain n	Oau I	212231
4	1	McKi	nlev	IDDLE	Thomp		FIRST	Odes	MIDDLE		LAS	
+	IAn W	AS DECEASED EVE		ED FORCES?		SECURITY NO.	17. INFORMANT	odes		RESSI .	Stro	
Ŋ	(Y	ES, NO OR UNKNOWN) Yes		WAR OR DATES)	100			ced	E1.	hthicum,	Md.	21090
7						6-4547	Tomny R.	Tha	mpson,331	Silky Oa		MATE INTERVAL ONSET AND DEATH
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							IN PART 10			
2	CERTIFICATION	19a. DATE OF OPERA					N WAS PERFORME		200 AUTOPSY?	20b, IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	NGS USED
4	28	21g. ACCIDENT WAS UN	DERLYING	21b. TIME O	FINJURY		21c HOW INJURY	OCCURRE	ED (ENTER NATURE OF IN)			110
ì	1.000	OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	W. MONTH	DAY YEAR			(Elder Halone of Ho)	on in item to that t	On 1 mm 2 j	
	MEDICAL	21d. INJURY OCCUR	RRED	P./ 21e PLACE ((AT HOME, STR	OF INJURY	FFICE, FARM, ETC.)	211. LOCATION STREET CITY OR TOWN			OWN	COUNTY	STATE
1		AT WORK AT WO		b and date		11	12102		ulie	183		
١		220. I certify that (I saw the decea- above, (I) (we) I	sed alive on	4118	163	-	d that in (my) (our)	opinion de	eath occurred on the c	date and hour on	d from the	that (I) (we) last couses stated
,		22b. SIGNATURE	AD CI	Min	~~			NDING	MEDICAL STA		22c. DATE	SIGNED
		22d PHYSICIAN'S	AME TYPE OR	PRINT)	anter	nan	220 ADDRESS	ioh	ng Hent	unst	105	nital
İ		URIAL, CREMATION		23 DATE		23c. NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION	-	YTAUC	STATE
	(3	Buria	L	4/19/8	33	Cedar H	ill Cem.		Brooklyn			Maryland
	24. FU	NERAL DIRECTOR			ADDI			25a. DATE	REC'D. BY REGISTRAL	251 EGISTRAR	SSIGNAT	URE
	Geo	orge J. Go	once,40	OUI Rito	chie H	g.,Balti	more,Md.	AFR	1 9 1902	John	J- 10	auch

DHMH - 16 50M 4/B2 (VRA 15, 4)

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.
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BP_ DHMH - 16 50M 1 (VRA 15, 4)

		CEASED NAME FIRST		IOOLE	-	SI	20 DATE OF DEATH	MONTH DA		I. HOU
	3. SEX	PAUL	4 RACE	'1 /	Hemf		6. AGE (IN YEARS LAST BIR	THOAY)		10 TUNDER
)		MALE	BCAC	K	MONTH	22 19/6	66	YRS	ONTHS DAYS	+OUR5
20	7a. Bl	RTHPLACE (STATE OR FOREIGN COUNTRY N.C.		SA	MARRIED WIDOWE	NEVER MARRIED D	BALTIMORE CITY O	COUNTY	OF DEATH	,
12	10	TY OR TOWN OF DEATH	11. NAME OF HI	FACILITY, GIVE STREET AI	DDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST (ION	126. KIND OF E	BUSINE
35		AL RESIDENCE (IF NURSING HOME	DR OTHER INSTITUTION OF	TIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Heinlit	Aine	2
300	14 FA	THER'S NAME FIRST	WIDDLE	EAST		15. MOTHER'S MAIDEN NA/	WIOD!E	0	LAST	
1		VAS DECEASED EVER IN U.S. A res, noor unknown) (IF YES, C	RMED FORCES?	743-24 -		Mary Ford 4	240 Park		ts Ave	
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	ICATION	PART 2. OTHER SIGNIFICANT	ASCUD			NOT RELATED TO THE TERM NOT WAS PERFORMED	NAL DISEASE OR CON	20b. IF YES,	WERE FINDING	
1	CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	ASC UN 196 CONDIT	INJURY	OPERATION	I WAS PERFORMED	200 AUTOPSY?	20b. IF YES, YES, IN CERTIFY!	WERE FINDING. NG CAUSES OF	DEAT
4	CAL CERTIFICATION	190. DATE OF OPERATION	ASC UN 196 CONDIT	ION FOR WHICH C	OPERATION		200 AUTOPSY?	20b. IF YES, YES, IN CERTIFY!	WERE FINDING. NG CAUSES OF	DEAT
9	MEDICAL CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	A.SC UNDIT	INJURY 1. MONTH DAY	OPERATION Y YEAR 19	I WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFYI YES	WERE FINDING. NG CAUSES OF	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	A SC 196 CONDIT	INJURY MONTH DAY INJURY FINJURY ET FACTORY, OFFICE FAIR deceased from	Y YEAR 19 RM.ETC)	216 HOW INJURY OCCURR	700 AUTOPSY? YES NO SED (ENTER NATURE OF INJUI	20b. IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR	WERE FINDING NG CAUSES OF	DEAT NO
9		19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) this has; sow the deceased alive o above (11) we (did) (did in the control of the control	A SC 196 CONDIT	INJURY MONTH DAY INJURY FINJURY ET FACTORY, OFFICE FAIR deceased from	Y YEAR 19 RM.ETC)	21c HOW INJURY OCCURR 21f LOCATION STREET 4 that I (my) (our) opinion of the company of the com	700 AUTOPSY? YES NO SED (ENTER NATURE OF INJUI	20b. IF YES, IN CERTIFY! YES RY IN ITEM 18 PAR	WERE FINDING NG CAUSES OF	Soft (I (vses sto
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IMPORTANT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR 20 DATE OF DEATH DECEASED NAME FIRST MIDDLE MONTH 2h HOUR TYPE OR PRINTI 3. SEX 4. RACE IF UNDER 1 YEAR Feb. 10, 1884 Female White YRS BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED LaPorte, Ind. U.S.A. WIDOWE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Baltimore City Hospital TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTO CIT Own Home Baltimore 5200 Eastern Ave. 21224 Maryland YESTIX 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME AIDDLE Harding John Hoover 17. INFORMANT (Daughter) ADDRESS Rt. #3 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. (YES NO OR HUKNOWN) 212-74-8284 Edith Minton Beaver Dam, Ky. 42320 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 CERTIFICATION Disease 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from_ now 19 am sow the deceased alive on 19 4 9 3 obove, in (Mac(did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF

22e ADDRESS

Edmund G. Beacham MD

Balto. City Hosp. 23c NAME OF CEMETERY OR CREMATORY

Pine Lake Cem. 24 FUNERAL DIRECTOR E. Barnes 21018 Fleming Funeral Service Benson, Md.

LaPorte LaPorte

250. DATE REC'D. BY REGISTRAR 256 PEGISTRAR'S SIGNATURE

DHMH - 16 50M 1/B1 (VRA 15, 4)

DIRECTOR

FUNERAL

FOR

230 BURIAL, CREMATION, REMOVAL

PHYSICIAN DIRECTOR PHYSICIAN

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbonaopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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							REG. N	O		
	EASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH		EAR 2b. HOL	
		CLAREN		LDSBOROUG	H TH	IROWER, Jr.		4 28 83	4:35	ρA
3. SEX		4.	RACE	,	5. DATE O		6. AGE (IN YEARS LAST BIR		DAYS HOURS	R 24 I
	Male		Blac	K	момтн	4 26 YEAR	56	YRS.	DA13 HOOKS	1
	THPLACE (STATE OR I	FOREIGN 7		WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	TH	
	Md.		USA		WIDOWE		BALTIMORE	CITY		
	YOR TOWN OF DEA	ATH 1	(IF NOT IN SUC	H FACILITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION CH RAVEN BLVA	12g USUAL OCCUPATI (TYPE OF WORK FOR MOST C		IND OF BUSIN	ESS
USUAL 13a. STA	RESIDENCE (IF NURS ATE Md .	13b COUNT		131. CITY OR TOWN Balto.	ADMISSION)	13d. INSIDE CITY LIMITS? YES MO []	13e. STREET ADDRESS 2814 Wil	nchester	212 St.	21
	her's NAME larence	Č	POLE T	hrower,	Sr.	15. MOTHER'S MAIDEN NA Edna	MIDDLE	Gillette	LAST	
	AS DECEASED EVER S, NO OR UNKNOWN) Yes		ED FORCES?	219 10 5		17 INFORMANT Eva Throwe	r 815 A	ppleton		
	8 CAUSE OF DEAT PART I. DEATH W	VAS CAUSEĎ IMMEDIATE	CAUSE (0)	CARDICO RASA CONSEQUE	KES	PIRATORY	MIREST		APPROXIMATE INTE TWEEN ONSET AND	
	Conditions, if ony, gove rise to immouse (a), statin underlying couse	mediate ng the	DUE TO, OI	R AS A CONSEQUE		ISIL, STA	66 /			
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P	gove rise to immodule (o), stating underlying couse PART 2 OTHER SIGN	mediate ng the lost.	ONDITIONS CC	ONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TER/	Z00 AUTOPSY? YES X NO	20b. IF YES, WERE FIN CERTIFYING CA	FINDINGS USE AUSES OF DEA NO [TH?
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MEDICAL CERTIFICATION 3.0 BOB	gove rise to improve the course (a), statir underlying couse PART 2 OTHER SIGN 70. ACCIDENT WAS UNION OR CONTRIBUTING (FEITHER NOTIFY MEDITAL WAT WORK AT WO	Mediate med	21b. TIME O HOUR A. 21b PLACE (AT HOME. STR 21b) ottended th April 2 view the body	ITION FOR WHICH ITION FOR WHICH ITION FOR WHICH ITION FOR WHICH ITION M. OF INJURY REEL, FACTORY, OFFICE, FA deceosed from 19 ofter depth.	NCE OF EATH BUT OPERATION Y YEAR 19 NRM ETC.) AATCH 33 ON ON AME OF CI	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUP 21f. LOCATION STREET 2 , 19 83 1d that in (My) (our) opinion DEGREE ATTENDING PHYSICIAN 22c. ADDRESS	200 AUTOPSY? YES NO CITY OR TO to April 2 deoth occurred on the di MEDICAL PHYSIC Aven Blud. 1230 LOCATION	28b. IF YES, WERE FIN CERTIFYING CA YES RY IN ITEM 18 PART 1 OR PA WN COUNTY 8 19 8 20 Die and hour and fra FF 1AN 222.	FINDINGS USE AUSES OF DEA' NO [ART 7) NTY Thoraxia In the couses st DA IESIGNED 21218	STAT

DHMH - 16 50M 4/82

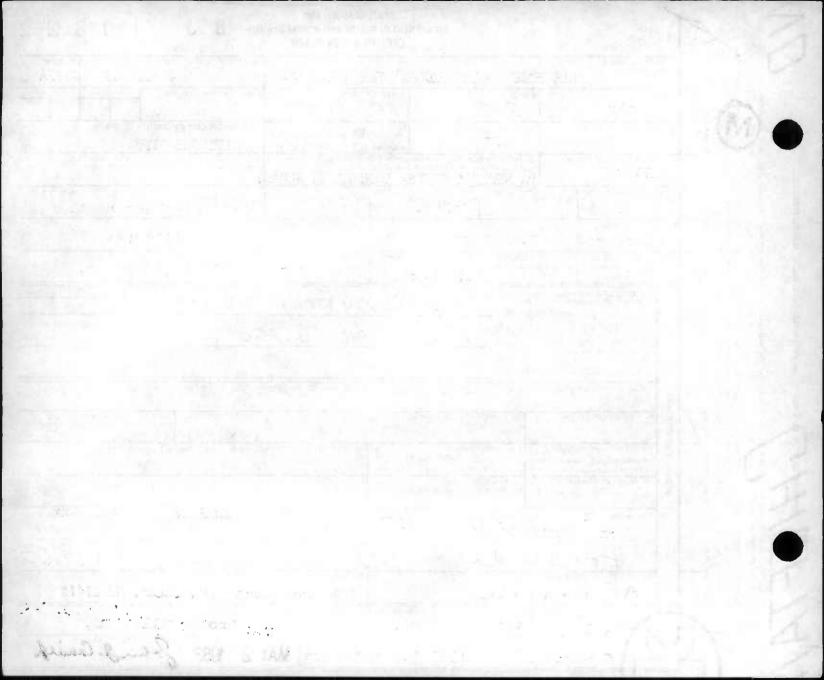
BP.

etoined by the hospital or offending physician

C March F/H (VRA 15, 4)

FOR STATE

110Tess E. North Ave MAY 2



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO		0) & 0
		CEASED NAME OR PRINT)	DMPR	LEE	-	1260	20 DATE OF DEATH A	4/29/	P3	12 HOUR
	3. SEX		4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTH		DER I YEAR	
		Male	Whit	е	Oct		61	YRS	HS DATS	HOURS MIN.
2		RTHPLACE (STATE OR FOREI	IGN 76. CITIZEN OF	WHAT COUNTRY?	B MARRIEI	NEVER MARRIED 🕏	9 BALTIMORE CITY OR	COUNTY OF	DEATH	
5		Virginia		S.A.	WIDOWE	D DIVORCED	Baltim		Lty	MD.
1		Baltimore	Balt	imore C	ity I	ROTHER INSTITUTION Hospital	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Maintenan	WORKING LIFE)	VDUSTRY	of BUSINESS OR
2	1	Md.	HOME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltin		13d Inside City Limits? Yes 🔀 no 🗌	13e STREET ADDRESS 5118 Wri	.ght Av	ле.	21205
	14. FA	THER'S NAME	WIODIE	LAST		15. MOTHER'S MAIDEN NAM	WIGGE		LA!	51
6		Holly		Tiller		Hazel				iley
		(AS DECEASED EVER IN L ES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	227-22-3		Elaine Bu	rress (sis	ster)	sa	me ress
		18 CAUSE OF DEATH IE PART I. DEATH WAS	CAUSED BY:	line for (a), (b), and		MONARY	Decest		BETWEEN	ONSET AND DEATH
		Conditions, if any, wh gove rise to immedicause to, stating	nich (b)_	R AS A CONSEQUE	NCE OF	NIA.	AUCCS /		3	weeks
		PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN	V PART 1	
	ON	INVERCE	ANIAC ,	1000	vevo	2.4	ORMATION			
1	CERTIFICATION	3/30/8	19b. COND	UROCK		WAS PERFORMED		20b. IF YES, WE IN CERTIFYING YES		
		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR A.		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE			211 LOCATION STREET	CITY OR TOW	'N (COUNTY	STATE
		220.1 certify that (I) Ith		7/23 10	, on	d that in (my) (our) apinion of	to	2919 e and hour and	from the	tho (1) we) lost
		27b. SIGNATURE	L A	Lhw		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		220 DATE	L9/83
		DAVID	(TYPE OF THE	SLNer		22e ADDRESS 4943 PA	STEEN AV	e. B	10%	Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detached for with the State Dept. of O FUNERAL DIREC

MPORTANT: If he

230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
Baltimore COUNTY

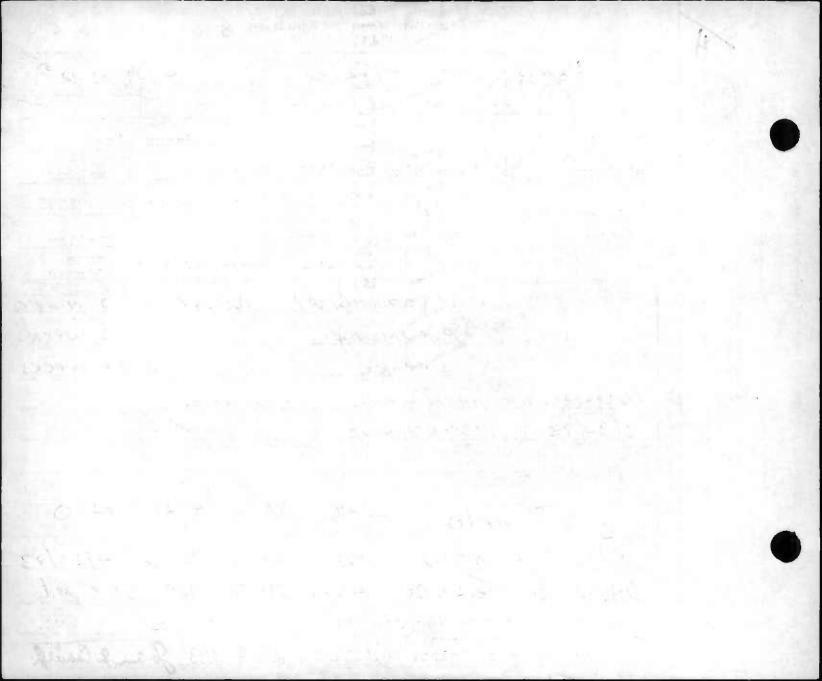
Md.

Burial 5/3/83 Holly Hill

Parameter Funeral Home, Inc.
3331 Brehms Lane, Balto. Md. 21213

23b DATE

250 DATE REC'D.



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours ofter death. Poge

retained by the hospital or attending physician.

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

1		STATE OF MARYLAND		
1 - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8 3	0 3 2
1. DECEASED NAME (TIPE OF MINT)	IWAST SOF	- 10	20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR
1 56X	L RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF U	1983 157 P
Male	Black	April 26 1983	YRS.	THS DAYS HOURS MI
Maryland	OREIGN 7b. CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city or county of Baltimore	
Baltoner	(IF NOT IN SUCH FACILITY, GIVE STREET	. (11. 1. 1. 1. 1.		126. KIND OF BUSINESS C
USUAL RESIDENCE (IF NURS 130. STATE	138 COUNTY 136. CITY OR TO	WN	130. SIREET ADDRESS R+. Box 170	21678
14. FATHER'S MAME	WipA/SON T.		NISE	Jones
160. WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? 16b. SOCIAL SEC		O Worton, W	D 21678
Canditions, if ony, gove rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAL 21a. ACCIDENT WAS UND	diate g the last. DUE TO, OR AS A CONSEQUENCE			IN PART 1/0
TIFIC I			YES NO YES	IG CAUSES OF DEATH?
OR CONTRIBUTION C	CAUSE OF DEATH HOUR A.M. MONTH	DAY YEAR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART	OR PART 2)
(IF EITHER NOTIFY MEDIC 21d, INJURY OCCURF while not wh at work at wol	RED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the decease above, (I) (we) (c	(this haspital) attended the deceased from ad alive on April 75 19 lid) (did not) view the bady after death.	83 , and that in (my) (our) opinion d	eath occurred on the date and hour or	nd from the couses stated
226. SIGNATURE	A	M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN (**)	4/29/83
22d. PHYSICIAN'S NA	E Naumburs	22 South G	veen Street, Bult	hmore, MD.
THE SUBJAL CREMATION	FEMOVAL 236 DATE 5/2/1983	NAME OF CEMETERY OR CREMATORY	23d LOCATION SUPPLY STATE OF THE PROPERTY OF T	SENT MIS
24 FUNERAL DIRECTOR	AND CADRESS	STORTOWN MAY	23 1983 REGISTRAR 25 REGISTRAL	2. Cohief

GELLET PERSON PERSON AND ASSESSED ASSESSED. French Lagh to zonawa in the first that the second of th MARK STREET IN LETTERS IN THE PARTY OF THE P The Latina Lates Alling Application of the second of t an and a solution of the the plant for book enough the beautiful to

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the shauld be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filled with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar remayal.

	FOR STATE REGISTRAR	DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 3	0.	0 3	2 5
	. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	Ethel			iver		04 03	83	11:10A
3.	Female	Black	5. DATE	OF BIRTH 103	6 AGE (IN FEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
3	BIRTHPLACE (STATE OF FOREIGN COUNTRY) Virginia	7b. CITIZEN OF WHAT COUNT	TRY? 8 MARRIE WIDOW	ED NEVER MARRIED	Baltimore city of Baltimo			MT
0	Baltimore	11. NAME OF HOSPITAL, NU (IF NOT INSUCH FACILITY, GIVES MID LOWN	iome		120 USUAL OCCUPATION OF WORK FOR MOST OF Domestic		INDUSTRY	F BUSINESS OR
2	JSUAL RESIDENCE (IF NURSING HOME OI 30. STATE Md . 13b. COUL		TOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 237 N. Fu	ilton Si	t.	21223
200	Charles	Witcher	c	Nanny	AME	То	liver	Т
1 16	60 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	1-6967	17 INFORMANT Ruth E. Wat	ts (Same as			
	Canditions, if any, which gave rise to immediate cause ial, stating the underlying cause last. PARL 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	EOUENCE OF	SCLE ZOTI		DITION GIVEN	IN PART 110	3
	DEBILIT	196 CONDITION FOR WE	HICH OPERATIO	IN WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN	IG CAUSES	IGS USED OF DEATH?
2.0	OR CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)	
	ZId INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY OFF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220. I certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no	/1 /		11/16 , 19 82 nd that in (my) (aur) apinian	, IU	1/03 19 ate and haur ar		that (1) (we) last causes stated
	226 SIGNATURE	ique		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	SIGNED
	A ENP	-lauf		22. ADDRESS 2435 W	BELVED	ERE	2	1215
23	30 BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	23b. DATE 4/4/83	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	C	OUNTY	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

retained by the haspital ar

BP.

TO HOSPITAL

24 FUNERAL DIRECTOR Anatomy Board

Balto., Md.

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE APR 13 1983

STATE OF MARYLAND DED ADTMENT OF HEALTH AND MENTAL HYCIPHE

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- STATE REGISTRAR		22.71			OF DEATH	0	REG. NO.	1 0 0	2 0
1. DECEASED NAME FIRST		MIDDLE	ï	AST		2a DATE O		DAY YEAR	7b HOUR
LUCTA T.	TOMASO					1./13	/83		100
3. SEX	4 RACE		5. DATE C	OF BIRTH		6 AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	7.7		MONTH		97 YEAR	85		MONTHS DAYS	HOURS MIN
I 70 BIRTHPLACE (STATE OR FOREIGN	W	WHAT COUNTRY?	12	11	71			RS.	
COUNTRY)			MARRIE	D A NEV	ER MARRIED		RE CITY OR COU	INITOFBEATH	
BALTO.	U.S.A.		WIDOWE	the same		CITY			N
O CITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER	INSTITUTION		OCCUPATION	17b. KIND (OF BUSINESS C
BALTO.	311 S		ST.			SEAM	STRESS	RETIR	ED
JSUAL RESIDENCE (IF NURSING HOM 30. STATE 1136 CO	E OR OTHER INSTITUTION								
		BALTO.	1	YES #	DE CITY LIMITS		ADDRESS HIGH	ST. Al	A COM
FATHER'S NAME	10.	Dallo.		lv-	ER'S MAIDEN		, illuii	01.	
FIRST	MIDDLE	LAST			FIRST		MIDDLE	LA	ST
	FERRACCI				DROSA	DI NU	INZIO		
(YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFO	RMANT		ADDRESS		
NO		215/01/2	976	LUCY	POMPA	216 S.	EXETER	ST.	
PART 2 OTHER SIGNIFICAN	((c)	ONTRIBUTING TO D	EATH BUT	NOT RELA	TED TO THE TE	RMINAL DISEAS	E OR CONDITION	GIVEN IN PART 1	0
19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PE	RFORMED	20a AUTO	OPSY? 20b. IF	FYES, WERE FINDI ERTIFYING CAUSES YES []	NGS USED OF DEATH?
210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA'	VEAS	21c HOV	V INJURY OCC	URRED (ENTER NA	ATURE OF INJURY IN ITEM	M 1B PART I OR PART 2)	
OR CONTRIBUTING CAUSE OF	DEMIN		Y YEAR						
21d INJURY OCCURRED	21e. PLACE	OF INJURY		71f LOC					
TETO. INJUNT OCCURRED	LAT HOME STO	EET, FACTORY, OFFICE FA	RM, ETC)	S	REET		CITY OR TOWN	COUNTY	STATE
AT WORK AT WORK				1			11.2	6.3	317.10
27a 1 certify that (I) (this has saw the deceased glive	ospitał) attended the	2 10 8		125 and that in (, 19	, toan deoth occurre	4/13 ed on the date and	97	that (I) (we) le
WMILE NOT WHILE AT WORK 22a 1 certify that (1) (this ha	ospitał) attended the	2 10 8	. an	DEGREE	ATTENDING	MEDICAL	STAFF	hour and from the	that (I) (we) lo
27a certify that (1) (this has sow the deceased alive abave, (1) (we) (did) (dic	ospital) attended his an anti-view the bedy	ofter death.	m	DEGREE	ATTENDING PHYSICIAN	MEDICAL		hour and from the	that (I) (we) lo
270.1 certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did) (27b. SIGNATURE	ospital) attended the e an attended the e an attended the e an attended the e and attended the e attended to the e a	oodma	mu Mu	27e ADD	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	physician t	hour and from the	that (I) (we) lo

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed wir with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumatic event, the medicalle

IMPORTANT: If Item 21 is marked or Item 18 shows ony

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

etoined by the hospital or attending physician.

24 FUNERAL DIRECTOR
DELLA NOCE & SONS 322 S. HIGH ST.

APR 1 3 1983

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 2

	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEAT		O O Good ?
1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(TYP	AUTHONY 3	Joseph Ton	SHACK	A12=11-11-	1983 1215
3. SE		1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 21 HRS
	MALE	WHITE	MONTH DAY YE	78 YRS.	MONTHS DAYS HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	2 0	D BALTIMORE CITY OR COUNT	Y OF DEATH
	COUNTRY) PA	U.S.A	MARRIED NEVER MARRIE		RE CITY, MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	ON 120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
13	ALTIMORE	South Bultil		PETINED	Laborer
USU	IAL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	PRE ADMISSION)	1.2/ (Patapsco Ave212
130.	STATE 13b. COU	INTY 136 CITY OR TO			MALLER STR-1+0
14. 1	ATHER'S NAME	STYTER WALLEY	15. MOTHER'S MAIL		THE PROPERTY OF THE PARTY OF TH
	Joseph	MIDDLE Tomshe	FIRST	Unknown.	LAST
160.		RMED FORCES? 166 SOCIAL SEC		ADDRESS	
	TYPES NO OR UNKNOWN) TIPSES 9	17926 215-05-	4027 Mrs. Edith	L. Tomshack, Same as	above
					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	only one couse per line for (o), (b), of ED BY:		10007	BETWEEN ONSET AND DEATH
	1629 IMMEDIA	ATE CAUSE (o)	ratory A	RRESI	
		DUE TO, OR AS A CONSEO		Quantity Burn many	
	Conditions, if ony, which gove rise to immediate	(b)	BIE STABA.	Aureus Preynowi	2
	couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQ	. 11	& last line.	A 10 - 100
		() Epicyer			
Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING IC	DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
18	190, DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		
FIC	THE DATE OF CHERATION	THE CONDITION TO IN THIS) 1 20a AUTOPSY? 1 20b. IF YE	S. WERE FINDINGS USED
		1 1 1	TO LINE OF THE LINE OF THE	IN CERT	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
8	11- ACCIDENT WAS HINDERLYING	216 TIME OF INTURY		YES NO Y	FYING CAUSES OF DEATH?
L CERTIFICATION	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI			IN CERT	FYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH (ER) P.M.	DAY YEAR 19	YES NO Y	FYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	EATH HOUR A.M. MONTH	DAY YEAR 19 21f. HOW INJURY 21f. LOCATION	YES NO Y	FYING CAUSES OF DEATH?
MEDICAL CERT	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M. 210. PLACE OF INJURY	DAY YEAR 19 21f. HOW INJURY 21f. LOCATION STREET	YES NO NO IN CERTY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	FYING CAUSES OF DEATH? ES NO PART : OR PART 2)
	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (this has)	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) pitol) ottended the deceased from	DAY YEAR 19 21f. LOCATION STREET	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE
	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (this hosp saw the deceosed alive or above, (five) (did)	HOUR A.M. MONTH P.M. 210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	DAY YEAR 19 21f. HOW INJURY 19 21f. LOCATION STREET 19 , ond that in (A., (our)	YES NO NO IN CERTY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE 19 (we) lost ur ond from the couses stoted
	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (this has, saw the deceased alive of	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) pitol) ottended the deceased from	DAY YEAR 19 21f. HOW INJURY 21f. LOCATION STREET 19 21f. LOCATION STREET 19 DEGREE	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN opinion deoth occurred on the dote and ho	FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE
	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (this has saw the deceased alive a above, (we) (did) (44) 22b. SIGNATURE	P.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) pitol) ottended the deceased from view the body after death.	DAY YEAR 19 21f. HOW INJURY 19 21f. LOCATION STREET DEGREE ATTEN PHYSI	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN opinion deoth occurred on the dote and ho	FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE 19 (we) lost ur ond from the couses stoted
	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (this hosp saw the deceosed alive or above, (five) (did)	P.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) pitol) ottended the deceased from view the body after death.	DAY YEAR 19 21f. HOW INJURY 19 21f. LOCATION STREET DEGREE ATTEN PHYSI 22e. ADDRESS	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN OPINION deoth occurred on the date and ha DING MEDICAL STAFF ICIAN DIRECTOR PHYSICIAN	FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE 19 (we) lost ur ond from the couses stoted
	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (this has saw the deceased alive a above, (we) (did) (44) 22b. SIGNATURE	P.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) pitol) ottended the deceased from view the body after death.	DAY YEAR 19 21f. HOW INJURY 19 21f. LOCATION STREET DEGREE ATTEN PHYSI	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN OPINION deoth occurred on the date and ha DING MEDICAL STAFF ICIAN DIRECTOR PHYSICIAN	FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE 19 (we) lost ur ond from the couses stoted
MEDICAL	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (this has, saw the deceased alive a above, (we) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE) BURIAL, CREMATION, REMOVA	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) pitol) ottended the deceased from the vigor the body offer death. 319 CAP PRINT)	DAY YEAR 19 21f. HOW INJURY 19 21f. LOCATION STREET DEGREE ATTEN PHYSI 22e. ADDRESS	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN OPINION deoth occurred on the dote and had only DIRECTOR PHYSICIAN ATORY 23d LOCATION	FYING CAUSES OF DEATH? ES NO PART 2) COUNTY STATE 19 , that (we) lost our and from the causes stated 22c. DATE SIGNED
MEDICAL	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (this has sow the deceased alive a above, (we) (did) (22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) pitol) ottended the deceased from the vigor the body offer death. 319 CAP PRINT)	DAY YEAR 19 21f. HOW INJURY 21f. LOCATION STREET 21f. LOCATION	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN OPINION deoth occurred on the date and ha DING MEDICAL STAFF ICIAN DIRECTOR PHYSICIAN ATORY 23d. LOCATION CITY OR TOWN	FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE 19 (we) lost ur ond from the couses stoted
WEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (this has saw the deceased alive a above, (we) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE BURIAL, CREMATION, REMOVA (SPECIFY)	PATH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) pitol) ottended the deceosed from the view the body offer death. 33.1.1.23b. DATE 236. DATE 236. DATE 237. 15. 1983	DAY YEAR 19 21f. LOCATION STREET 19 21f. LOCATION STREET 19 22f. ADDRESS 22c. AD	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN OPINION deoth occurred on the date and ha DING MEDICAL STAFF ICIAN DIRECTOR PHYSICIAN ATORY 23d. LOCATION CITY OR TOWN	FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE 19 , that (we) lost ur and from the couses stated 22c. DATE SIGNED 4//// & 3.

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

BP.

injury, or other troumotic event, the medical examiner

(VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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10	REGISTRAR	CERTIFICATE OF DEATH				REG. NO.		
	CEASED NAME FIRST	-	DDLE		ST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	MAG	GIE B	€.	1/2/	4C4	APRIL	4/83	6 pm
3. SE				DATE O	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Tomble	DUBE		9	4 01	82 YE	es.	
	IRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY? 8	MARRIED	NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH	
	irginia	U.S.A	WIDOWED [X DIVORCED [DIVORCED [Baltimore City,		
10 C	ITY OR TOWN OF DEATH		OSPITAL, NURSING HOME O H FACILITY, GIVE STREET ADDRESS)		R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY		
	altimore		ecours Hospital		ital			
130. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUL		30 CITY OR TOWN	1	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
14. FA	Aryland		Baltimo	re	YES X NO	1115 N. Ful	ton St.	21217
	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM FIRST	AE MIDDLE	LAS	T.
	Aaron		Bromley		Nancy		Lew	ris
	WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	6b SOCIAL SECURIT	Y NO.	17 INFORMANT	ADDRESS		
	NO		N/A		Helen Yerb	y 1115 N. Fulton Avenue		
MEDICAL C	190 DATE OF OPERATION	DUE TO, ORTA (c) CONDITIONS CON	w Blen	ATH BUT I	n 2º Sich	NAL DISEASE OR CONDITION 200 AUTOPSY? 200. IF	talen	S.C. L
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF I HOUR A.M.	MONTH DAY	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2]	
	(IF EITHER NOTIFY MEDICAL EXAMINE			19				
	WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME STREET	T. FACTORY, OFFICE FARM	ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this hospi sow the deceased alive on above, (I) (we) (and) did no	4	4 19 8	3 4 3 . on	that in (my) (our) opinion d	eath occurred on the date and		that (I) (we) last causes stated
	22b. SIGNATURE	ons	en S	N C	EGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22¢ DATE	SIGNED /4/8
	PHYSICIAN'S NAME THE	A Par	South	10	220 ADDRESS FOLK	BALTI MIRE,	2M To . O	- m./s

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the haspital or attending physician.

ATTENDING PHYSICIAN:

HOSPITAL

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

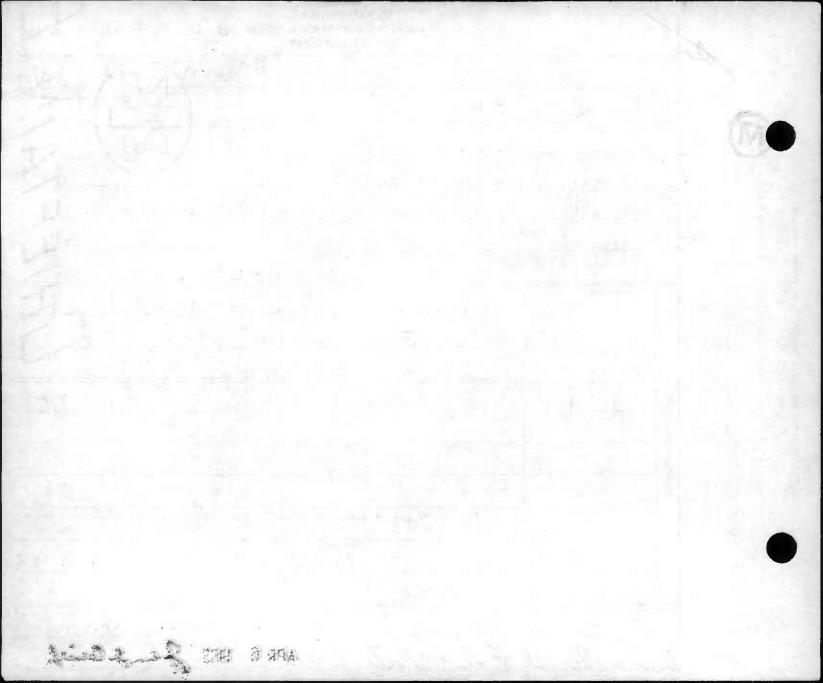
BURIAL 4/9/83 24 FUNERAL DIRECTOR

King Memorial Pk.

Baltimore

Co, M^{MATE}

1983 APR 6 REGISTRAR'S SIGNATURE



	STATE OF MAKTLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN
STATE	CERTIFICATE OF DEATH
DECISTRAD	CERTIFICATE OF DEATH

8

1	l''	REGISTRAR	CE	RTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MDDLE TO THE	AUTOC	20. DATE OF DEATH MO	1 - 11 - 83 11 44 A
	3. SE		4. RACE 5. D	PATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHO	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
1		MALE		MONTH - 13- 0.9	74	MONTHS DAYS HOURS MIN.
20		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.	ARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
12	A	Ylors Island Md.	U.S.TI WIE	DOWED DIVORCED	BAHIM	OFF MD.
19	BA	PHMONE	11. NAME OF HOSPITAL, NURSING HO	S HON. HOSPITAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY
999	USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN		SSION) 13d. INSIDE CITY IMITS? YES NO [13e. STREET ADDRESS	Field AVE.
En rel	14. F/	ATHER'S NAME FIRST	AIDDLE LAST	15. MOTHER'S MAIDEN NAM	AE MIDDLE	LAST
200		homas Edi	ward Travers	MATY &	113 abeth	Trifein
medico		VAS DECEASED EVER IN U.S. ARM YES, NO OR BINKNOWN) (IF YES, GIVE	WAR OR DATES)	42 Nollio Tra	vers 345	Doefield AVE.
#	-	18. CAUSE OF DEATH (Enter onl	y one couse per line for (a), (b), and (c).)		7-13 613	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
vent		PART I. DEATH WAS CAUSED	DV .	UYOPATHY		
ofic		4254	DUE TO, OR AS A CONSEQUENCE	OF		
En o		Conditions, if ony, which	(b)			
other tr	3	gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	OF		
Y, Or		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TION GIVEN IN PART I I a
injur	NO NO	UR EMI	A			
Shows only	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPER	RATION WAS PERFORMED	200 AUTOPSY?	NO. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
# - 18 sh		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY		ED (ENTER NATURE OF INJURY	NITEM 18 PART 1 OR PART 2)
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f LOCATION		
orked or	W.	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, OFFICE, FARM, E	STREET	CITY OR TOWN	COUNTY STATE
21 is ma		220.1 certify that (1) (this hospit sow the deceased alive on above, (1) (we) (did) (did not	ol) attended the deceased from	2, and that in (my) (our) opinion of	death occurred on the date	and hour and from the couses stated
T. If Item		226. SIGNATURE	ranchog p	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	122. DATE SIGNED 4/11/83
MPORTANT		CESAPU G	AMSJA, MI	2. Maddress O. Machai	RUS GEN	ETRAL HOSPITAL
3	23a. 1	BURIAL, CREMATION, REMOVAL	236. DATE 23c NAME	OF CEMETERY OR CREMATORY	23d. LOCATION	Corchester Co.
	1	SUMPL	4-16-83 /AV/0	or's ISLAND CON	1. Avlor +	SLAND MA

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the tashould be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

etoined by the hospital or attending physician

DHMH - 16 50M 4/B2 (VRA 15, 4)

SUM FUNERAL DIRECTOR

TAYlor's Island Cem. Taylor -N. BroAdway

2 1983

SANITE STORY OF STREET STORY The state of the s But always beys and all all of the control of the March the great many thanks a second to the straight the first terms of the second APR 20 200 John & County

Page 4 may be

FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

۱	•	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.					
١		EASED NAME A FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	Zb. HOL	JR	
	(TYPE	OR PRINT! ANN	A. E	STHER	TK	POW.		4 -	14.	88	4:5	20AM	
	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY	AONTHS	R 1 YEAR DAYS	IF UNDER	MIN.	
1	F	EMALE	WHI'	TE .		V. 26, 1930	52	YRS.	MONTHS	DATS	HOURS	WIN.	
d		THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH						
1		ARYLAND	USA		WIDOWE		BALTIMORE	CITY	7			MD.	
í	10. CIT	Y OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			KIND O	F BUSIN	ESS OR	
		BALTIMORE	M	ERCY HOSP	ITAL		HOUSEWIF		(IFE) IND		HOME		
d	USUA 130. S1	L RESIDENCE (IF NURSING HOME OF TATE 13b. COL		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS						
ã	M	ARYLAND		BALTIMO	RE	YEXXXX NO 🗆	11 N. CHES	TER S	ST.	#2	1231		
9	FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME			LAS	1		
i.		ABE	BR	ILL		SÄDYE				HER			
1		AS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU			MRS. FLOREN						
ı	N	0		216-28-3	991	620 S. TOLN	A ST. BAL	то.,	MD	212	24		
1		18 CAUSE OF DEATH (Enter of	anly one cause pe	r line for (a), (b), and	11011	11 - 11 /	200 200	4	В	APPROXI	MATE INTE	RVAL DEATH	
		PART I. DEATH WAS CAUS	ATE CAUSE (a)	BKOWCH	OAC	UEDLAR (ARCWON	A					
		11079	1	R AS A CONSEQUE	NCE OF								
		Canditians, if any, which	(1b)					30					
		gave rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUE	NCE OF		1.00						
		underlying cause last.	(c)	M AO A CONSEGOE									
		PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	IVEN IN F	PART 16			
	CERTIFICATION												
Ĭ	CAT	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED				S, WERE FINDINGS USED FYING CAUSES OF DEATH?			
	Ē						YES NO		ES 🗆	. 40313	NO [
	8	710, ACCIDENT WAS UNDERLYING	110110 4	OF INJURY ,M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR	PAR1 2)			
Ì	N S	OR CONTRIBUTING CAUSE OF D	CAIN .	.M.	19								
	MEDICAL	21d. INJURY OCCURRED		OF INJURY	ARAM ETC 1	211. LOCATION STREET	CITY OR TO	WN	COI	UNIY		STATE	
1	2	AT WORK NOT WHILE AT WORK	(AT NOME, ST	ALLI, FACIONI, OFFICE TO	AMI, CIC.)								
ı		22a.1 certify that (1) (this has		ne deceased fram _					, 19				
ı		saw the deceased alive a abave, (1) (we) (did) (did)		rafter death.	, ai	nd that in (my) (aur) apinian e	death accurred an the d	ate and ha					
ı		276. SIGNATURE				DEGREE			22		SIGNED		
		M. Cau	MILLA			ATTENDING PHYSICIAN	MEDICAL STA			4/1	4/83		
		27d PHYSICIAN'S NAME (TYPE	OR PRINT)		2	270 ADDRESS	P. C.	_ (2	- 1			
		M. CAR	KOU			150131-1	AU DI	, [AU	7.	5,15		
	73n B	LIRIAL CREMATION REMOVA	1 23h DATE	1231 N	JAME OF C	EMETERY OR CREMATORY	173d LOCATION						

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

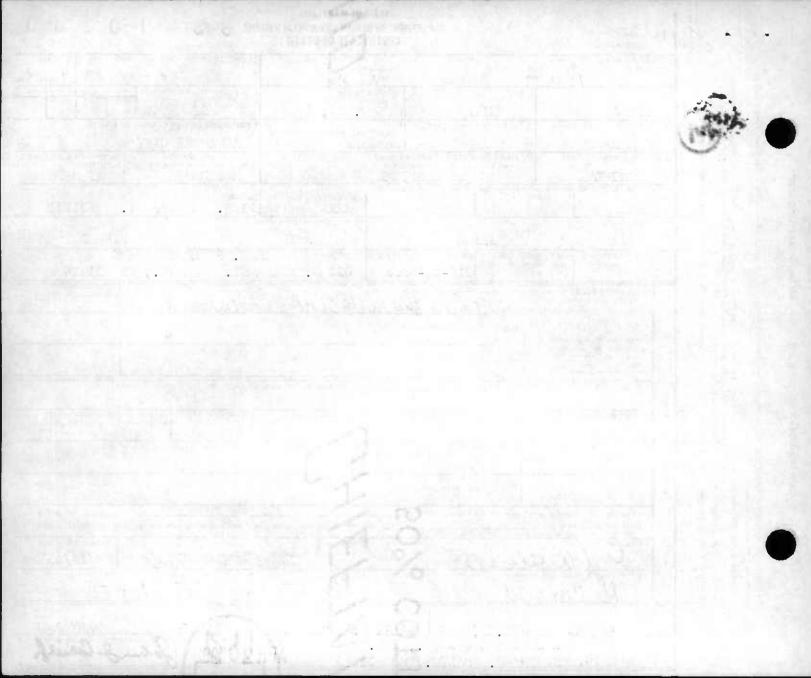
(SPECIFY)

BURIAL

AL APR.15,1983 BALTIMORE NATIONAL BALTIMOR SOL LEVINSON & BROS., INC. APR 201983 24. FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTO., MD 21215

BALTIMORE

MARYLAND



	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE
E	LAST	20 D

1	FOR STATE REGISTRAR	'DEP	CERTIFICATE OF DEATH	REG. NO.	10331
	CEASED NAME FIRST HAZE	EL H.	TRUITT	APRIL 28,	12:10 M
3. SE	Female	4. RACE White	5. Date of Birth Jan. 24 192	110	
7	SIRTHPLACE (STATE OR FOREIGN Delaware	76. CITIZEN OF WHAT COUN	WIDOWED DIVORCED	BALTIMORE	CITY
4	BALTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE DHE JOHNS H		126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	G LIFE) 126. KIND OF BUSINESS OR INDUSTRY home
13s.	STATE SUBSTITUTE OF NURSING HOME STATE SU	INTY 13c. CITY OF	rown 13d Inside City Limits retown YES NOTE	110 West Nor	th Street
14. F	ATHER'S NAME Elijah W. Hu	niddle las	Olivia	H. MIDDLE	Coffin
2.16a	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	HART WAR OR OF TAKEN	12-9698 George I	ADDRESS Cruitt George	town, Del.
- 1	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTIN	Hastastic Ovarian	CA-MULTA OFFE TWO IVEN-SA ERMINAL DISEASE OR CONDITION	SIVEN IN PART 1(0)
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHER MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE	EAIH	H DAY YEAR 19 211. LOCATION	CURRED (ENTER MATURE OF INJURY IN ITEM	18 PART I ORPART 2) COUNTY STATE
	27a. I certify that (1) (Mis has sow the deceased give a above (I/ (we) (dd)/did r 27b. SIGNATURE)	pitol) oftended the deceased H27 not) view the body ofter death.	DEGREE ATTENDIN		hour and from the couses stated 22c. DATE SIGNED
1	22d. PHYSICIAN'S NAME (TYPE		22e. ADDRESS	Broadway, le	Balt MD
23a	BURIAL, CREMATION, REMOVA	May 1, 198	23. NAME OF CEMETERY OR CREMATO		Sussex Del.

DHMH - 16 50M 4/B2 (VRA 15, 4)

Sussex

teast from the state of the profession of the state of th months . . and Miles Maria Company of the . Isl . not week to the room and a line is

3	1-	FOR STATE REGISTRAR	C	EPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8 3	0 3 3 2
		OR PRINT) PIRST	MIDDLE		PENYUK	20. DATE OF DEATH MONTH	26 - 8 3 4:13 A
	3. SE)		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		MALE	WHITE	JU	NE 20°, 1909	73 _{YRS}	MONTHS DATS HOURS MIN.
7	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT CO	MARRI	ED X X EVER MARRIED	9. BALTIMORE CITY OR COUN BALTIMORE	
12	10 CI	RUSSIA TY OR TOWN OF DEATH BALT IMORE	USA 11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C SII		OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING MANAGER	12h KIND OF BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN MARY LAND	TY 13c. CITY	nce before admission OR TOWN LTIMORE	13d. INSIDE CITY LIMITS?	134. STREET ADDRESS 5906 PARK HTS	APT. 510 S. AVE. 21215
00	2	SHEVEL		LAST LSIPENYUK	15. MOTHER'S MAIDEN NA	Y	UNKNOŴŇ
/		VAS DECEASED EVER IN U.S. ARI res, no or unknown) [IF yes, Givi NO	E WAR OR DATES)	-92-0494	5906 PARK I	MRS. SURAPPSIPEN HTS. AVE. BALT	NYUK APT. 510 TO., MD 21215 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE! IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	E CAUSE (o) A A	GROSEF		ARDIAL INFARET	? dars
つ	F	PART 2. OTHER SIGNIFICANT C			T NOT RELATED TO THE TERM		FIVEN IN PART 110* FES, WERE FINDINGS USED THY ING CAUSES OF DEATH? YES NO NO
9	CAL CERT	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	NTH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM)	8 PART 1 OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR'	Y Y, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
*	2.6	228. I certify that (I) (this haspit saw the deceased alive an above. (I) (we) (did) (did not 228. SIGNATURE)	4/26	10 85	DEGREE ATTENDING PHYSICIAN	deoth occurred on the dote and h	19 3 , that (I) (we) lost our and from the couses stated 22c. DATE SIGNED 4/26/83
1		BERNARD F	PRINT) UOZLOWS!	y, nD.	22e. ADDRESS 46 511	UAI HOSP 1	BALTO, MD ZIUS
	23a. 8	BURIAL, CREMATION, REMOVAL BURIAL	23h. DATE APR. 27, 1983		CEMETERY OR CREMATORY AMUNO	23d. LOCATION BALTTMORE	COUNTYMARYLAND

DHMH - 16 50M 4/82 (VRA 15, 4)

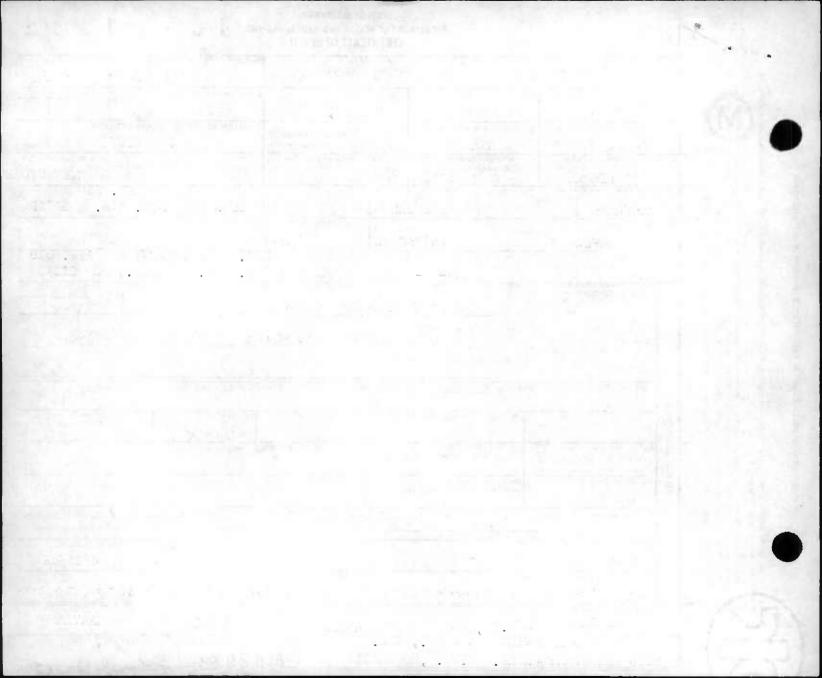
BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

74 FUNERAL DIRECTOR SOL LEVINSON & BROS.,

NAME
6010 REISTERSTOWN RD. BA1TO., MD INC. 21215

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 2 9 1983



BP. **DHMH - 17**

(VR A15 ME (5)) 20M 4/82

3. SI

1-	FOR STATE REGISTRAR			STATE STATE OF PROPERTY OF PRO	HEALTH		YGIENS OF DEATH	3 REG. 1	1 0	3	3	3
	CEASED NAMI E OR PRINT)	e First Dona	.1d	MIDDLE		ock		OF ESTI-	□ MONTH 2 4/1/	B3 19	YEAR	2b HOUR
3. SE	ale	White	5. DATE OF BIRTH	36 AGE (IN YEAR LAST BIRTHDA	Y) MONTH	DER 1 YR. IF UNDER		DATE NOUNCED DEAD	4/4/	83 14	YEAR	11:00 A M
Mi	RTHPLACE (S REIGN COUNTRY) Chigan		76. CITIZEN OF WH		8. MARRII WIDOW	ED NEVER MARR	ED 🗆	Baltiom:	re Cit	У		MD.
	altimor			PITAL, NURSING HOME UNITY GIVE STREET ADDRESS)	Apt.		FOR MOST	OCCUPATION (TO OF WORKING LIFE)		ORK 126 KIND OF BUSINESS OR INDUSTRY		
13a S	AL RESIDENCE TATE	13b. COL		136. CITY OR TOWN Baltimore		13d. INSIDE CITY LIMITS? YES YEY NO [ADDRESS Cen		24A	pt.	15
	ATHER'S NAME FIRST		MIDDLE LAST 1. Tulock			15. MOTHER'S MAIDI FIRST Mary		Kabrich				
			ARMED FORCES? VE WAR OR DATES) ATMY	16b. SOCIAL SECURITY	/ NO.	John L.T	ulock	ADDRES B1:	Dundacksbu	ans	,	ghts
	PARTIDE 30 Condition gave ri cause (o)	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Chronic Ethanolism DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)									OXMATE EN ONSET	INJERVAL AND DEATH
TION		OPERATION		NOT RELATED TO THE TERMI	100		RT 1 (a)			In an		
CERTIFICATION				ION FOR WHICH OPER.						YE	TOPSY?	NO [X
MEDICAL CE	UNDERLYING CONTRIBUTI	NG CAUSE C	F DEATH P.M.	MONTH DAY YEAR	7.5	DW INJURY OCCURRE	D (ENTER NATUI	RE OF INJURY IN ITEM 1	IS PART 1 OR PAR	T 2)		- 33
MED	21d INJURY C WHILE AT WORK	NOT WHILE AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION treet	CIT	y or town	cou	YTM		STATE
	220. 1 certi death result ACTUAL SIGNATURE	' / '	orge of the remains described tural couses XX		Autaps	Homicide Title (SPECIFY)	Undetermi	ned manner	ond in my op , DATE SIGNE		4/4/	83

4-11-83 Kabrich Family Cemetery Burial 24 FUNERAL DIRECTOR Marzullo Funeral Service Reisterstown, Md.

EXAMINER'S NAME (TYPE OR PRINT)

230.BURIAL, CREMATION, REMOVAL

Dennis F. Smyth,

Penn St.

Balto

21201

ADDRESS

metery Blacksburg Montgomery Virginia

1250. Date Rec'd. By Registrar to Registrar's Signature

APR 1 1 1983

di.Ata .: define. t end 600 Av. 002 500 and ysan seein i seey siniales commi anolu il mole .aV. gradencain Mainte, vicas program and victorial vila notare - FF-11- Ingre-Manual of respect to the state of the state

	1.	FOR STATE	DEPARTN	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	HENE 8 3 1	0 3 3 4			
	I DE	REGISTRAR CEASED NAME FIRST	WIDDLE		IAST	REG. NO.				
		OR PRINT)					DAY YEAR 26. HOUR I			
		Dominic			ello	4-25-83	1:10			
	3. SE	X	4 RACE		OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS			
		Male	White	Feb	5. 8, 1964	79 YRS	DATS HOOKS MIN.			
2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY OR COUNTY	OF DEATH			
7		Italy	U.S.A.	WIDOW	D NEVER MARRIED DIVORCED	Balto. City				
t	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			12g USUAL OCCUPATION	176 KIND OF BUSINESS OF			
V)	D	2140	(IF NOT IN SUCH FACILITY, GIVE STREET A	DDRESS)	ring Homo	(TYPE OF WORK FOR MOST OF WORKING LIFE				
9		alto.	OTHER INSTITUTION GIVE RESIDENCE BEFORE		sing nome	Factory Worker	rcork & Sea.			
5	13a S	Md.		N	13d. Inside city limits? Yesxx no [13e STREET ADDRESS 612 Washingto	21201 on Place			
10	14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME	1457			
IC	,	Joseph	Tuminell	.0	Seraph	nine	Rinaudo			
1		VAS DECEASED EVER IN U.S. AR/		RITY NO.	17 INFORMANT	ADDRESS	21213			
		YES NO OR UNKNOWN) (IF YES GIVE	714-05-	6666	Mamie Ruth	(sister) 3819				
		10 CALISE OF DEATH (Enter and	ly ane cause per line far (a), (b), and				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		PART I. DEATH WAS CAUSED	BY. CAR DI	0 /	LMONARY	ARREST.	BETWEEN ONSET AND DEATH			
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF								
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART DIABETES MELLITUS								
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIC	N WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED (ING CAUSES OF DEATH?			
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)			21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM IB PA	RT I OR PART 2)			
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	RM ETC)	21f. LOCATION STREET	LA CITY OR TOWN	COUNTY STATE			
		saw the deceased alive an	ol) attended the deceased fram	8 3.0	nd that in (my) (our) opinion o	death accurred an the date and hour	9shat (I) (we) las			
		abave, (I) (we) (did) (did nat	view the body after death.		DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED			
		224. PHYSICIAN'S NAME (TYPE OF	PRINT)		22e ADDRESS	DIRECTOR PHISICIAN	1///			
		Dr. Surjit			107 E. Sa:	ratoga St.				
	23a B	URIAL, CREMATION, REMOVAL	23b DATE 23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE			
		Burial	4/28/83 H	oly	Redeemer	Baltimore				

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather troumatic

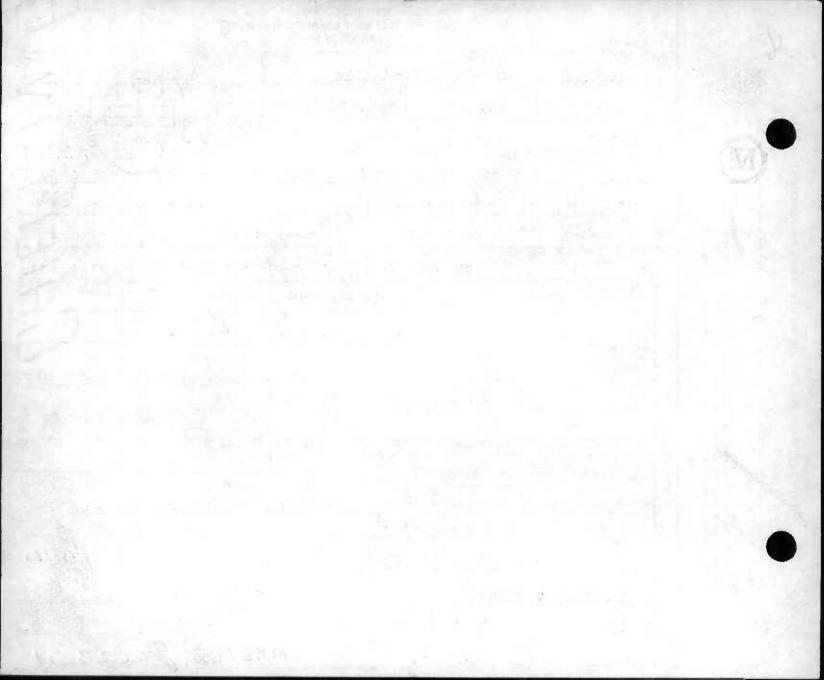
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending

24 FUNERAL DIRECTOR 3331 Brehms Lanes 21213 Schimunek Funeral Home Inc.

Holy Redeemer

TATORY 23d LOCATION CUTYOR TOWN COUNTY Baltimore, 250 DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE APR 27 1983

Md.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

	1	U	0	4
DEC	NIO			

		TATE EGISTRAR		MEDICAL EXAM	INER'S	ERTIFICATE O	FDEATH REG. NO	U	O O	7
ı		EASED NAME FI	RST	WIDDLE		LAST	20. DATE KNOWN XX		AY YEAR	2b. HOU
1			athaniel	Micheal	Tur	ner	DEATH MATED		7 19 83	
ŀ	. SEX	4. RACE	5. DATE OF B		THDAY) MONT	DER 1 YR. IF UNDER	24 HRS. 2c DATE MIN PRONOUNCED	MÓNTH D	DAY YEAR	2d HOU
l	ma	le Bla	ck 5 4	54 28 DF WHAT COUNTRY?	YRS.		DEAD		7 19 83	1:12 à. A
ſ	70. BIF	THPLACE (STATE OR EIGH COUNTRY)	76. CITIZEN C	OF WHAT COUNTRY?	8. MARR	ED X NEVER MARRI	ED . SALTIMORE CITY O	R COUNTY C	OF DEATH	
ı		Maryland	U.	S.A.	WIDOW			City,		M
	10. CI1	y or town of DEATH	11 NAME OF	HOSPITAL, NURSING HOUCH FACILITY, GIVE STREET ADDRE	ome, or oth	ER INSTITUTION	12a USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	OF WORK 12h	OR INDUST	ISINESS RY
ŧ	JSUA	RESIDENCE (IF IN NURSING	HOME OR OTHER INSTITUTE	ON, GIVE RESIDENCE BEFORE ADA	AISSION)			21216		
ľ	30. ST		COUNTY	Baltin		13d. INSIDE CITY LIMITS? YES 7 NO	13e STREET ADDRESS 2227 N. E11a		Ant	101
ŀ		aryland	-:	I balti	nore	15 MOTHER'S MAIDE	NNAME	Imont	Apt.	101
ŧ)	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST	
	lán W	L AS DECEASED EVER IN U	S ARMED FORCES?	Turner	JRITY NO.	17 INFORMANT	ADDRESS		1.01	
l		S, NO, OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)			n	0007 1		. 101	0.
		NO I				I Rita Tu	rner 2227 N.	Ellan	APPROXIMATI	
ı		PART I DEATH WAS C	iter only one cause pe AUSED BY:	er line for (a), (b), and (c).		Chaot (unamonified)		BETWEEN ONSE	
I		9654 IM	AEDIATE CAUSE (a)_	Gunshot wo		chesi (unspecified)			
ı		Conditions, if any,	A .), OR AS A CONSEQUEN	CE OF					
١		gove rise to imm	ediate / (b)_							
ı		lying cause last.	under- DUE TO	D, OR AS A CONSEQUEN	CE OF					
Į			(c)_							
l	z	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO 1	DEATH BUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN PAI	RT 1 (a)			
ł	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	V 19b. CC	ONDITION FOR WHICH C	PERATION W	AS PERFORMED?		12	D AUTOPSY	?
١	FIC.								YES XX	NO 🗆
ı	ERT	210 EXTERNAL CAUSE W	AS 21b. TIA	AE OF INJURY	21c. H	OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)		140
1	ALC.	UNDERLYING XXOR		A.M. MONTH DAY			4 4			
1	DIC	21d. INJURY OCCURRED	fle PL	ACE OF INJURY (AT HOM	83 51	ubject was	shot			
I	ME	WHILE NOT WHI	LE XX	Street	220	00 blk. Wes	twood Ave., Balt	o., Mar	yland	STATE
I		220 I certify that I taak	charge of the remain	ns described abave, held a	an Autop	sy XX. Inspection	n , Inquiry , and	d in my apinia	n	
١		death resulted from	Natural courses	A Adident	Suicide	, Hamicide XX	Undetermined monner .			
1		61/2		h1 01	540	TITLE (SPECIFY)				
-		SIGNATURE VEL	ming	my 4	muy	Assistant	MEDICAL EXAMINER	DATE SIGNED_	4-17-	-83
1	gais .	EXAMINER'S NAME (TYPE OR PRINT)	Dennis F.	Smyth, M.D	•	ADDRESS	I Penn Street			
	23a.BL	RIAL, CREMATION, REMO	1			R CREMATORY	23d LOCATION CITY OR TOWN	COUNTY		TATE
-1		DUKIAL	1 4/20	/83 Cedar	HILL	cemetery	Glenburnie			Md.

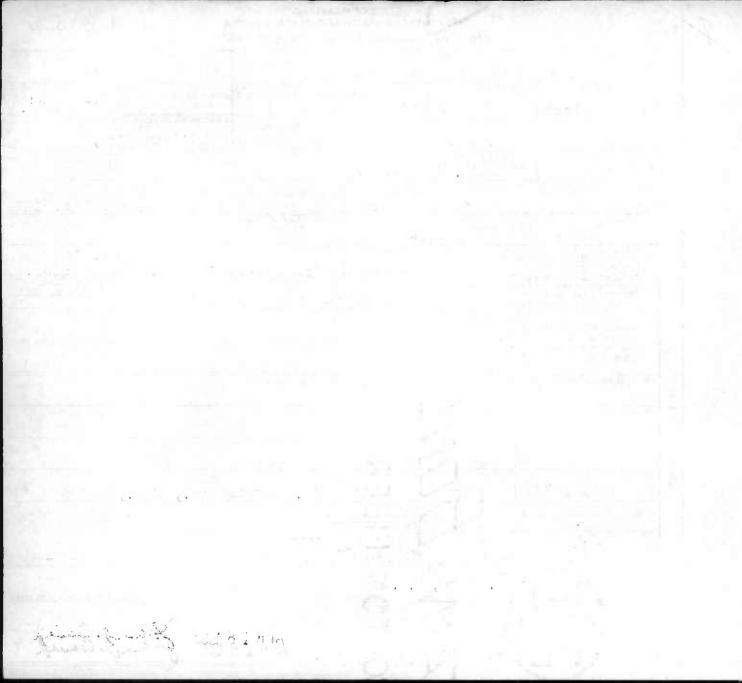
DHMH - 17

(VR A15 ME (5)) 20M 4/82

Wm C March F/H Inc. 1101 E North Ave.

24 FUNERAL DIRECTOR

APR 1 8 1983



CTATE OF MADVIAND

\$	3	1	0
,	0		0

	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	3 REG. NO	1	0 3	3	6
		CEASED NAME FIRST		oseph T	Turi	ner	20. DATE OF		3-19	783	26. HOU	?A.M
	3. SEX		4. RACE	.casian	5. DATE C	OF BIRTH	6. AGE (IN YE	ARS LAST BIRTI	wo	FUNDER I YEAR	IF UNDER	24 HRS MIN.
3		RTHPLACE (STATE OR FOREIGN OUNTRY) O.		S.A.				RE CITY OF	COUNTY C	CITY	402	MD.
1	B. CI	ALTIMORE		HOSPITAL, NURSIN H FACILITY, GIVE STREET LTIMO	ADDRESS)	SIEN HSP.	120. USUAL C		on Working Life)		C.	,
)	USUA 130. S		timore	13c. CITY OR TOW		13d INSIDE CITY LIMITS?	130. STREET A		ma.	Au	212	27
1	14. FA	THER'S NAME John	WIDDLE	TURNE	2	15. MOTHER'S MAIDEN N Unknown	AME	MIDDLE		LAS	т	
2		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	212-07	-734	Doris G. Do	owling	2826	Dalt	nt Ave	27	1227
The second secon		PART I. DEATH WAS CAUSED BY: HOD IMMEDIATE CAUSE (a) CARDIAC FAILURE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF UNGESTIVE HEART FAILURE										
	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF THEROSO	LENOSIS	ONTRIBUTING TO D	TICE	NOT RELATED TO THE TER		OR COND	RE.	WERE FINDIN	IGS USE	TH?
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCU	RRED (ENTERNAL	TURE OF INJUR	Y IN ITEM 18 PAI	RT 1 OR PART 2)		
	MED	21d INJURY OCCURRED WHILE OCT WHILE OF AT WORK		REET, FACTORY, OFFICE, F		211. LOCATION STREET		CITY OR TOV		COUNTY	A DE	STATE
		220.1 certify that (1) (this hasp saw the deceased alive ar above, (1) (we) (did) (did no	23 AP	RIC 19	83_, or	nd that in (my) (aur) opinia	n death occurred	d an the do	te and hour		causes sto	we) lost sted
,		27h SIGNATURE XOR	B.	Com	m	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF		236 DATE	PRIL	83
		22d. PHYSICIANS NAME HAVE	. Co	RN		3001 S. H	HANOVE	R.B.	ALTII	MORE	me	<i>)</i> .

DHMH - 16 50M 4/B2

(VRA 15, 4)

IMPORTANT: If Hem 21 is marked or

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached far use as the burial-transit permit. Then please remave carbanpapers. P shauld be detached far use as the burial-transit permit. Then please remave carbanpape with the State Dept. af Health and Mental Hygiene priar ta burial, crematian, ar remaval

236. DATE 4/26/1983 23a. BURIAL, CREMATION, REMOVAL Burial
24. FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Glen Haven Mem.

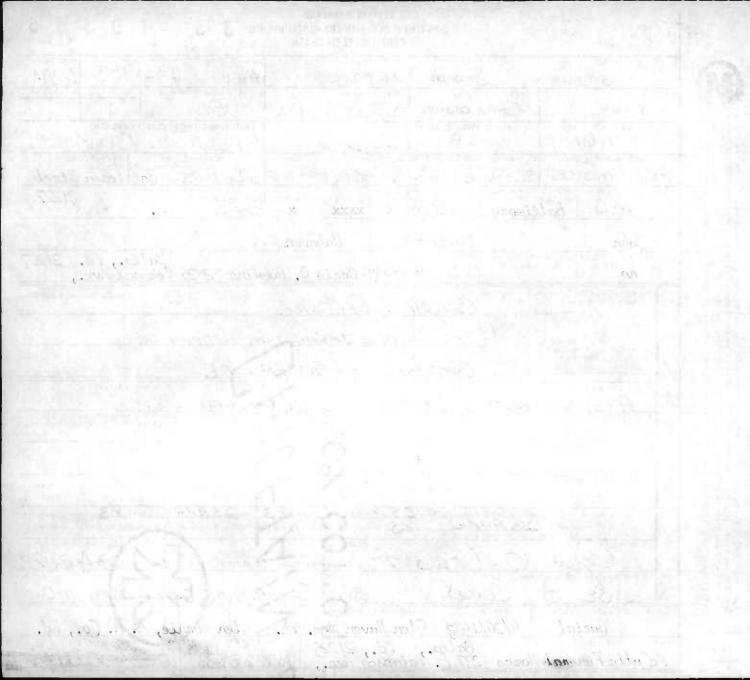
23d LOCATION

Glen Burnie, A. A. Co.,

EC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Mo ully Funeral Homes

Baltan, Md., 21225 237 E. Patapsco Ave.



& N	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		0 3 3 7
3 31	(TYPE	(MAR)	arguerite GUERITA	TYMES	20. DATE OF DEATH MONTH	4 83 Z P M
(NI)	3. SE)	F	4. RACE	5. DATE OF BIRTH MONTH 1 6 1.		MONTHS DATS HOURS MIN.
W 35	(RTHPLACE (STATE OR FOREIGN OUNTRY) ARYLAND	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE		
the state of the s	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET University H	ADDRESS)		12b. KIND OF BUSINESS OR
ithin 24 hour tely filled in 2 should be it uner may be	13a. S M a	RESIDENCE (IF NURSING HOME OR TATE 13b. COUN Aryland THER'S NAME	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 130. CITY OR TOW Baltim	e admission) /N 13d. INSIDE CITY LIM	2011 Madiso	n Avenue 21217
omple ond	14- 14	Loyde /AS DECEASED EVER IN U.S. AR	T. Park		i a	Dorsey
on ond c			(E WAR OR DATES)	7808 Judy Ha		field Avenue
equires that the death certificate in signed by the ottending physic. Then please remave carbonpape it burial, cremation, or removal injury, or other troumatic event, the contract of the companies of the contract of the co	NOI	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) John Maria DUE TO, OR AS A CONSEQUE (c) Kenal	Operation (Ence OF reinams, Turne	dena Care de Terminal DISEASE OR CONDITION	GIVEN IN PART 100
SICIAN: The low re an physicion. certificate has beer riol-transit permit. rento Hygiene prior tern TB shows ony in	AL CERTIFICATION	190. DATE OF OPERATION 4-4-8-3 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINET)	Renal Tumo 21b. TIME OF INJURY HOUR A.M. MONTH D.	OPERATION WAS PERFORMED with Capal The 21c HOW INJURY O		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 1 18 PART I OR PART 2)
G PHYSI offending fer this ca s the buri tond Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION	CITY OR TOWN	COUNTY STATE
TO HOSPITAL OR ATTENDIN retoined by the hospital or or TO FuneRal Directors, after should be detached for use or with the Stote Dept. of Health IMPORTANT; if them 21 is more		22a. I certify that (I) (this hospi	Sclama,	DEGREE ATTEND PHYSIC 22e. ADDRESS		1983, that (I) (we) last hour and fram the causes stated 22c. DATE SIGNED 4-4-83
BP	23a. B	URIAL, CREMATION, REMOVAL	1 10 100	NAME OF CEMETERY OR CREMA Arbutus MEm.	CITY OR TOWN	COUNTY STATE Md.
DHMH - 16 50M 4/82 (VRA 15, 4)		neral director C March F/I	H Inc. 1101 E	North Ave.	NPR 6 1983	SISTRAR'S SIGNATURE

A TEMPERATE ITS MITTER The first for the last the second

9	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.	0 3	3	8
		CEASED NAME FIRST THEOD	ORE H. ULLRI		A51	20. DATE OF DEATH	MONTH 2	9 83	26. HOUR	M C
	3. SEX	(4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24	HRS
		Male	White	Oct		81	YRS.	MONTHS DAYS	HOURS	M IN.
35	C	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	9 8. MARRIEI WIDOWE		9. BALTIMORE CITY OF BALTIMOR				MD.
4	10. CT	TY OR TOWN OF DEATH BALTIMORE	1. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE UNION MEMORIA	AL HOS	OR OTHER INSTITUTION	12g. USUAL OCCUPAT (1YPE OF WORK FOR MOST C uneral Di	recto	or Se	f BUSINES! lf	-
3	13a. S	at RESIDENCE (IF NURSING HOME O STATE 134 COU aryland	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13t. CITY OR TOV Baltime	WN	13d. INSIDE CITY LIMITS? YES X NO	3407 Cro		21213 nd A ve		
00	I4 FA	THER'S NAME FIRST John	MIDDLE Ullric	h	15. MOTHER'S MAIDEN NA Celia	ME		Rose		
1		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	ESS	2	1213	
	1,	No	216-07-	0994A	Louise C.	Ullrich,	3407		land	
2	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT ASCUD 19e. DATE OF OPERATION	DUE TO, OR AS A CONSEQUE (b) UTUM DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH	DEATH BUT	ofcolon	200 AUTOPSY?	20h. IF YES	, WERE FINDIN	IGS USED OF DEATH!	?
_	ERTIE	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR	YES NO P	YE		но 🔼	
2	-	OR CONTRIBUTING CAUSE OF DE	AIH	DAY YEAR			N. 0	21		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC)	211. LOCATION STREET	CITY OR TO)WN	COUNTY	STA*	T€
			n 4/29 19 of) view the body ofter death.	~~	. 19 nd that in @@@ opinian	death accurred an the d) last
9		22b. SIGNATURE	Alle		ATTENDING PHYSICIAN [MEDICAL STA		22c. DATE	SIGNED	3
		22d. PHYSICIAN'S NAME (TYPE	ORPRINTI I M DATE	Y	Union t	Comorcal	Hosp	· Butte	. Md	
	23a. B En	SURIAL, CREMATION, REMOVAL SPECIFYI TOMDMENT	^{23b. DATE} May 3,1983 L		ne Park	23d. LOCATION CITY OF TOWN WOOdlawr	1,	Balto.	, Md	TE

ROBERTRECT ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1983

STATE OF MARYLAND

DHMH - 16 50M 4/82 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or oth

TO FUNERAL DIRECTOR: After this certificate has been

etained by the hospital or

The second second			
10	In the	. reo ment estri	97.80
THE SHALL SHALL SELECT	A STATE		Me of a second
Alex Buleant Lenery			TO THE RESERVE
3407 Grossiand Ava.		Beltisore	inelyze.
	The state of the s	dot 117	A.fot
-0-0			
AMERICA, MADY OFFICE ASSESSMENT	IN SELECT	23 St. (0.7 1:00 St.	
To me			
		AND SECTION OF THE SE	
Marine James Charles	A A A A A A A A A A A A A A A A A A A	TWING TERMS IN THE	on of sent

1.	FOR	DEI		E OF MARYLAND BEALTH AND MENTAL HYG	HENE 8 3	103	3 9
1	- STATE REGISTRAR	011		ICATE OF DEATH	REG. NO		
	ECEASED NAME FIRST AT PEOR PRINT) ANTONIO	NTONIOS MIDDLE	,	VALMAS		4 13 83	26 HOUR 337 M
3. 51		4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER 24 HRS
	MALE	CAUCASION	9	14 95	87	YRS.	HODRS MIN.
7 a. B	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Greece	76. CITIZEN OF WHAT COUP	MARRIE WIDOWE	D NEVER MARRIED 🛣	BALTIMORE CITY OF	1. 1.	WE
5 6	PALTINORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE CHURCH HO		DR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	of Business or Cleaning
13a.	JAL RESIDENCE (IF NURSING HOME O STATE 13b. COUI	ROTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OF Balt	RIOWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	21	126
U ILE	FATHER'S NAME FIRST	MIDDLE LA	ST	15. MOTHER'S MAIDEN NA			AST
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	0-8282	17. INFORMANT Gloria Burto	ADDRE	Balto., Broadway	4d. 2123
TION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON					
CERTIFICATION	4/13/83	KUPTURED	ABDOMÍNA	NAC ANGURYSW	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	S OF DEATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
	22a. I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no	ital) attempted the deceased of the view the body ofter death.	219 4 3 , 01	13 , 19 83 and that in (my) (our) opinion	death occurred on the do		
	228 PHYSICIAN'S NAME INTO	R. de Lean	MD.	ATTENDING PHYSICIAN [MEDICAL STAF	FIAND 4/	13/8_
	HUGUSTO *	OE KED.	N	550 N.	BROADWA	1 Bultme	r 2/2 Q
23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	235. DATE 4/14/83	23t. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
24. F	FUNERAL DIRECTOR NAME Anatomy Bo		Balto	161	R 1.5 1983	REGISTRAR'S SIGNA	

Balto., Md.

DHMH - 16 50M 4/B2 (VRA 15, 4)

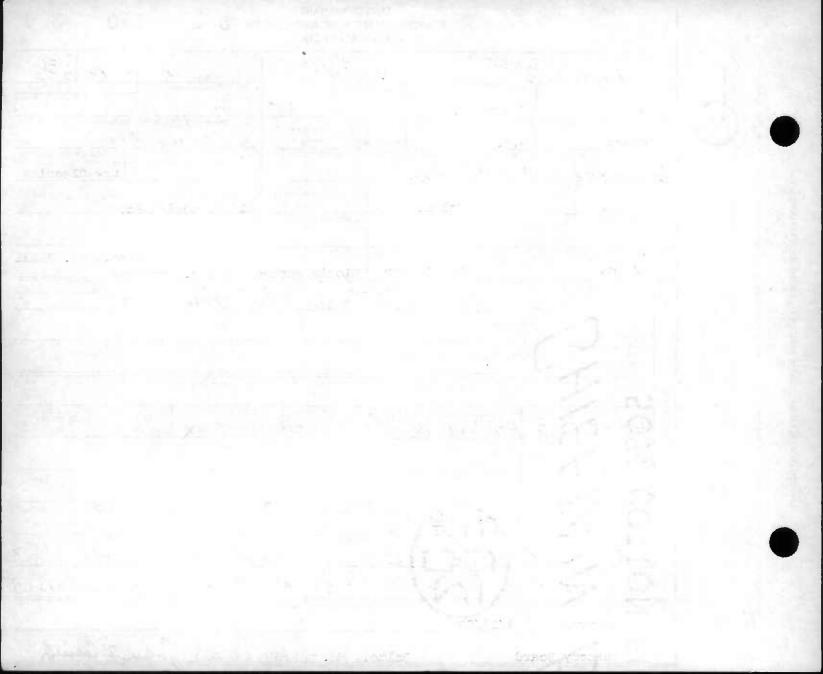
Anatomy Board

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the 16 should be detached for use as the burial-transit permit. Then please remove corbon-papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the hospital or attending physician.

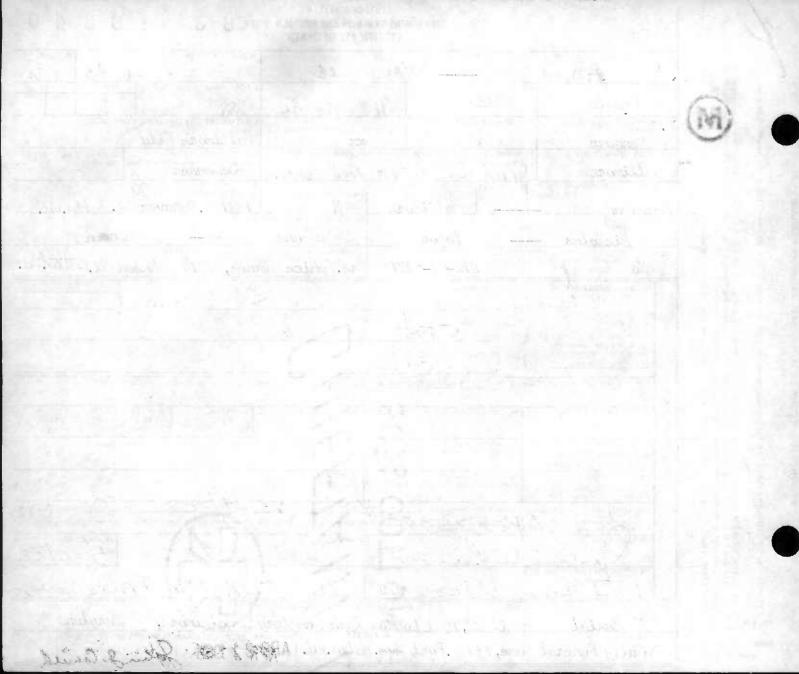


1	FOR = STATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 3	0340
	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	HNNA		VANderLee	4	20 83 1150
3. SE	Female	4. RACE White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	
11	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY USA	WIDOWED DIVORCED	1) // '	
100 1	Baltimore	COAN L. DR	atom Med. center	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOMEMAREN	126. KIND OF BUSINESS INDUSTRY
- AA	STATE 13b. CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO UNITY 13c. CITY OR TO Baltin		1831 S. Hanover	30 St. Balto Md.
14. F	ATHÉR'S NAME PIRST Nicholas	MIDDLE Tabor	15. MOTHER'S MAIDEN N Susanne	MIDDLE	Unknown
16a. '	(YES, NO OR UNKNOWN) (IF YES, O	CIVE WAR OF DATES	321 Mrs. Eunice W	Verner, 1714 John	son St. Balto.
CERTIFICATION	PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TE	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
MIER			25 100	YES NO	TIFYING CAUSES OF DEATHS
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	PARM, ETC.)	CITY OR TOWN	COUNTY STA
	sow_the deceased alive	pital) ottended the deceosed from	29	on death accurred on the date and h	nour and from the couses state
730	224 PHYSICIANS NAME (TYP	the Leed of	DEGREE ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DAYE SIGNED
1	Duly	an IN. REED	M.D. 6115.	CHAS. ST. 7	BAGO MOZ
	BURIAL EREMATION, REMOVA	ADDATE 23. 1988	NAME OF CEMETERY OR CREMATOR	ny Baltimone,	Maryland STAT
2	uneral director Mc Muly Funera	L Home, 130 E. For	t Ave. Balto. A. A.P.	R 2 1 1983	ISTRAR'S SIGNATURE

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP__

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.



OR ATTENDING PHYSICIAN: The law requires that the death certificate be

should be detached for use as the burial-transit permit. Then please remove carban papers: with the State Dept. of Kealth and Mental Hygiene prior to burial, cremation, ar removal.

TO FUNERAL DIRECTOR: After this certificate has been signed by

etained by the haspital ar attending physician

TO HOSPITAL

njury, ar ather traum

IMPORTANT: If Hem 21 is marked at Hem 18 shaws any

STATE OF MARYLAND

t	1-	STATE REGISTRAR	DEPAI	CERTIFICAT	E OF DEATH	REG. N	10.	0 0	
		CEASED NAME PIRST	MIDDLE J.	Van	Λ	2a. DATE OF DEATH	MONTH 4	DAY YEAR 18 83	26. HOUR
	3. SEX	Female RTHPLACE ISTATE OR FOREIGN	4. RACE Negroid 76. CITIZEN OF WHAT COUNTR		25, 1928	6. AGE (IN YEARS LAST BI	YRS.	IF UNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.
		ountry)	4.5.A.	MARRIED WIDOWED	DIVORCED	Ba/	to.	cita	MD.
	10. CI	Palto-	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR		HER INSTITUTION	120. USUAL OCCUPAT			F BUSINESS OR
	730. S	TATE 136 COUP	OTHER INSTITUTION GIVE RUSIDENCE BEINTY	70 . YES	NSIDE CITY LIMITS?	130 STREET ADDRESS	oilm	et c	7.07
	14. FA	THER'S NAME ULYSSES	MIDDLE JENK,	125 15 "	MABEL	MIDDLE		LAR	5
		(AS DECE SED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE VE WAR OR DATES) 222-12	2-8748 /	Adrena	BURLE		0042	LMORA
		Conditions, if ony, which gove rise to immediate couse (a), stofing the underlying couse lost.	DUE TO, OR AS A CONSECTION OF TO, OR AS A CO	QUENCE OF	Arrest				IMATE INTERVAL ONSET AND DEATH
	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF PART 190 DATE OF OPERATION	ticiency Ober	ity		200 AUTOPSY?	20b. IF YE	ES, WERE FINDIN	NGS USED
	CAL	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	HOW INJURY OCCUR	RED (FINAL	URY IN ITEM +8	PART I OR PART 2)	
١	-	21d. IN JURY OCCURRED WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC)	LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		Obove Driwe (did) (die no	ital) attended the deceased from	m, ond tho	1 in Jay (our) opinion	death occurred on the c	date and ho		that (we) lost couses stated
		22b. SIGNATURE	Japal	DEGR	ATTENDING PHYSICIAN	MEDICAL STA		4//	8/83
		220 PHYSICIAN'S NAME (14P)	T. Appel		Battimore	City Hos	pital		
		URIAL, GREMATIO I NEMOVAL	73h # A/FE 23	NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION	11	COUNTY	STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

24 FUNERAL DIRECTOR B.Sczu665 94/12 E. Preston

415 A Bath City Balte City waspe Diabled med Balte - 1002 water total ULYSSES JEWING MARKEL DILLARD ATT - 222-25-18 Holma Brazer METHORE Bunit "1783 Falte Com Balto, soll Color 5 Scances Marsharm Start Ell Color

		mU	ECIL	AIVIV	AIDDLE VAN S	AUL		2a. DATE OF DEATH	MONTH DA	Y YEAR
	TITPE	OR PRINT)	CII	A. 1	ANSAU	1			4 19	83
	3. SE)			ACE		S. DATE O		6. AGE (IN YEARS LAST BIR		UNDERTYE
	F	'emale	0	aucas	sian	Feb.	26°, 18°9°3	90	YRS.	ONTHS DA
1		RTHPLACE (STATE OR F	OREIGN 7b. (CITIZEN OF V	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O		F DEATH
311		ussia		USA	A	WIDOWE		BALTIM	DRE C	ITY
1.1	10. CI	TY OR TOWN OF DEA	TH 11.	NAME OF H	OSPITAL, NURSIN	G HOME O	R OTHER INSTITUTION	12a. USUAL OCCUPATE	ON	126. KINE
14	В	altimore	/	St. A	Agnes Ho	spit	al	Store Ov		Dres
35	13a. S	AL RESIDENCE (IF NURS STATE ryland	136 COUNTY		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Catons	۷ 1	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 6607 Lock	ninvar	Dr
ner		THER'S NAME					15. MOTHER'S MAIDEN NA		22111002	102
170		Mayer	MIDD	LE	Hurwitz	2	Unknow	n		Tol
	16a. V	VAS DECEASED EVER	IN U.S. ARMED	FORCES?	16b. SOCIAL SECUI		17. INFORMANT	ADDRE	SS	-
	0	NO UNKNOWN	(IF YES, GIVE WA	R OR DATES)	034-22-	-2632	Mr. Marti	n Schwartz	3 5	Same
her traumatic event,		PART I. DE ATH W Conditions, if ony, gove rise to imm couse (a), stofin underlying couse	AS CAUSED BY IMMEDIATE C. which pediote	AUSE (b)	AS A CONSEQUE	A-710 N	PNEWMON	otis		APPR BETWE
		underlying couse								
7	TIFICATION		is, Si	ENIL	179		NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, IN CERTIFYI YES	WERE FIN
1	MEDICAL CERTIFICATION	PART 2. OTHER SIGN	ION ERLYING AUSE OF DEATH	196. CONDI	TY TION FOR WHICH OF FINJURY M. MONTH DA	OPERATION		200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY! YES	WERE FIN

FOR

STATE

REGISTRAR

E OR CONDITION GIVEN IN PART 1(0) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES TH TURE OF INJURY IN ITEM 18 PART 1 OR PART 21 COUNTY CITY OR TOWN STATE d on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING 20.1981 22e. ADDRESS MORTON St. Hospital S. Caton Ave Agnes 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION Cremation CITY OR TOWN COUNTY Security Process Catonsville Baltimore 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR MacNabb APR 25 1983 Funeral Home, Catonsville

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO DEATH

MONTH

26 HOUR

126. KIND OF BUSINESS OR

Dress Shop

Dr. 21228

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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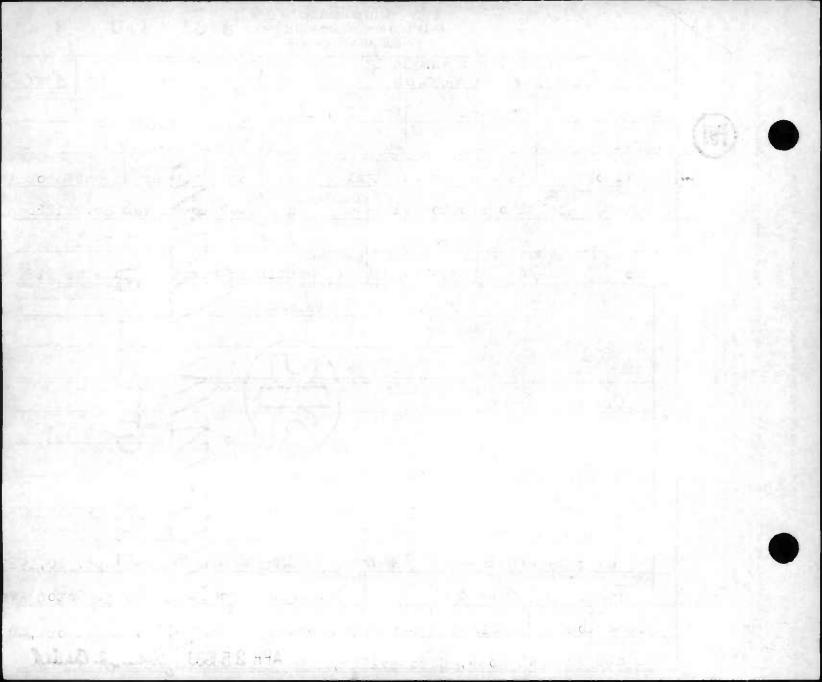
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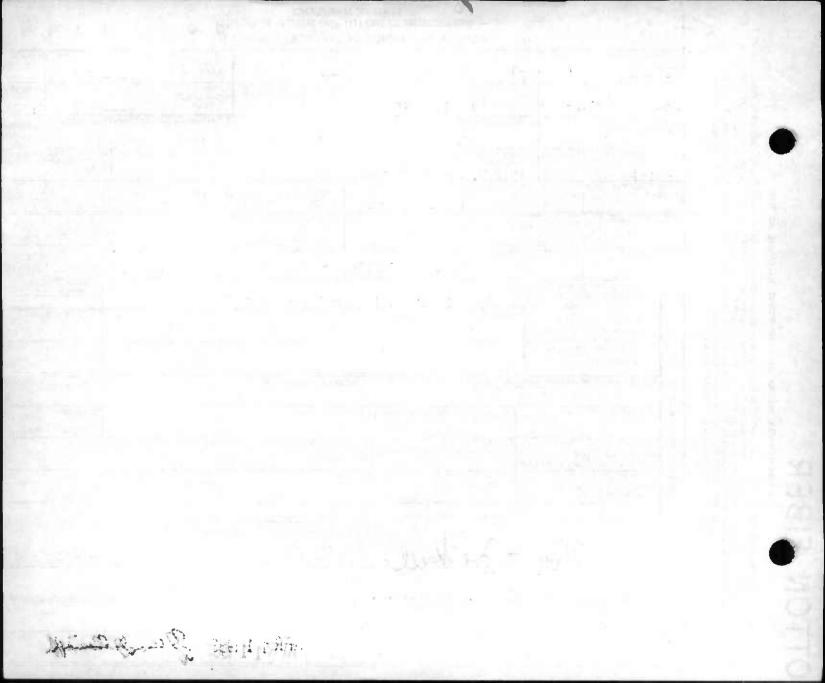
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH 25. HOUR FIRST MONTH YEAR TYPE OR PRINTS 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE IF UNDER I YEAR IN YEARS LAST BIRTHDAY IF LINDER 24 HRS I STATE OR FOREIGN BALTIMORE-CITY OR COUNTY OF DEATH WIDOWED K 175 KIND OF BUSINESS OR INDUSTRY. · MURSINS STORIAM SC hoc 136 COUNTY 13d. INSIDE CITY LIMITS? YES M 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Q PETEN WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one couse per line for a BETWEEN ONSET AND DEA PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTINUENT TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | NO I 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. sow the deceosed olive on 3 obove, (I) (we) (did) (did not) yiew the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 27h. SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME 23b. 23c NAME OF CEMETERY OR CREMATORY FUNERALDIRECTOR ISTRAR 256 GISTRAR'S SIGNATUR

Control of the second s

	SS SS SS ST
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE ATH. IF A DEAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1 A DEAD THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAGE 1 AND PAGE 3 SHOULD BE OBSE 35 HOURD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 25 HOURS HOURD BE USED AS A BURIAL - TRANSIT PERMIT PAGES 1 AND 25 HOURS A HOURS AFTER PERMIT PAGES 1 AND 25 HOURD BE USED AS A BURIAL HYGIENE, DIVISION OF WITH THE STATE DEAKTINGS OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEAKTINGS OF WITHIN 72 HOURS.
01	IS NE FU HE FU IN P. SE 5 THE HED, V
ORE, MD. 212	DEATH IN AND AND AND AND AND AND AND AND AND AN
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	HOURS AFTER M 1B. GIVE PAND WITH FOIL RAMIT. PAGES
I W. PRESTO	ARDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI ECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1 GGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL, EXAMINER ALONG PENAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMITER DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMITER DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMITER DEALER DIRECTOR TO THE ALTH AND MENTAL HYGIENE.
RECORDS, 20	PENDING" IN PENDING" IN PENDING" IN PENDING" IN PENDING EX D AS A BURIA
ON OF VITAL	IFICATE SHOUST THE WORD 'S THE CHIEF
DIVISI	ER: THIS CERT ATE, WRITING ORWARDED OR: PAGE 3 SHE HE STATE D
)	CAL EXAMIN THE CERTIFIC SHOULD BE F RAL DIRECTO ATH, WITH TH
	TO MEDI EXECUTE PAGE 4 S TO FUNE AFTER DE

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	REGISTRAR DECEASED NAM	E FIRST	WE	MIDDLE	IEK'S C	LAST LAST	70. DAT	REG. NO	MONTH DA	Y YEAR
	LORINE	(COR	INF)		VAL	JGHN	OF DEAT	H MATED	4-9-8	3 19
3 5	EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	DER I YR. IF UNDER			MONTH DA	Y YEAR
Fe	emale	Black	9 17	12 70 y		HS DAYS HOURS	MIN PRONO		4-9-8	3 19
70.	BIRTHPLACE (76. CITIZEN OF WI		10	IED NEVER MARR	9 BALT	IMORE CITY OF		
1	FOREIGN COUNTRY)	C.	U	SA	WIDOW		[]	timore	City	
10.0	CITY OR TOWN		11. NAME OF HOS	SPITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	12a USUAL OCC	UPATION (TYPE	OF WORK 12b	KIND OF BUS
1 6	Baltimo	re	1542 N.	Payson Str			TOR MOST OF T	- CHE		
	JAL RESIDENCE STATE MD	13b COUN		13c. CITY OR TOWN Baltimo:		13d INSIDE CITY LIMITS? YES X NO	13e STREET ADD	. Pays	on St.	. 212
[4.1	FATHER'S NAM	E	WIDDLE	LAST		15 MOTHER'S MAIDE	N NAME	MIDDLE		LAST
W	Ahne	esie	MIDDLE	Grant		Quessi	le	Model	Vai	ıghn
	WAS DECEASE	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRESS		
	No	(W IES, GIVE	WAR OR DATES	214-20-2	359	Emmanue]	Vaugh	n 4803	Brian	cchif
	18. CAUSE C	OF DEATH (Enter on EATH WAS CAUSE	ly one cause per line	e for (a), (b), and (c).)						APPROXIMATE ETWEEN ONSET
	gave r	ins, if any, which ise to immediate) stating the <u>under-</u> use lost.		R AS A CONSEQUENCE	OF					
z	gave r cause (a lying ca	ise to immediate) stating the <u>under-</u> use last.	DUE TO, OR	R AS A CONSEQUENCE		E DR CONDITION GIVEN IN PA	RT 1 (g),			
ATION	gave r cause (a lying ca	ise to immediate) stating the <u>under-</u> use last.	(c) ONTRIBUTING TO DEATH		MINAL DISEAS		RT 1 (a),		20	AUTOPSY?
THECATION	gave r cause (a lying ca	ise to immediate) stating the <u>under-</u> use last.	(c) ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEAS		RT 1 (a).		20	AUTOPSY?
CALCERTIFICATION	gave r cause (a lying ca	ise to immediate) stating the under- use lost. IGNIFICANT CONDITIONS F OPERATION AL CAUSE WAS	CONTRIBUTING TO DEATH 196 CONDI 216. TIME O' HOUR A.A	BUT NOT RELATED TO THE TERM ITION FOR WHICH OPER FINJURY A. MONTH DAY YEA	RATION W			INJURY IN ITEM 18 P.		
MEDICAL CERTIFICATION	gave r cause (a lying ca	ise to immediate a stating the under- use lost. IGNIFICANT CONDITIONS F OPERATION AL CAUSE WAS G OR ING CAUSE OF I	ONTRIBUTING TO DEATH 196. CONDI 216. TIME O: HOUR A.M DEATH 216. PLACE	BUT NOT RELATED TO THE TERM ITION FOR WHICH OPER FINJURY A. MONTH DAY YEA	RATION W	AS PERFORMED?				
	PART 2 DIHER S 19a. DATE O 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK	ise to immediate a stating the under- use lost. IGNIFICANT CONDITIONS F OPERATION AL CAUSE WAS G OR ING CAUSE OF IO OCCURRED NOT WHILE AT WORK ify that I took charge	ONTRIBUTING TO DEATH 196 CONDI 216. TIME OF HOUR A.A. DEATH P.M. 21e PLACE STREET, FAC	FINJURY A. MONTH DAY YEA OF INJURY (AT HOME, STORM, ETC.)	RATION W	OW INJURY OCCURRE CATION STREET Sy	D LENTER NATURE OF	ту 🔲 , апс	ART I OR PART 2)	YES
	gave r cause (a lying ca lying ca lying ca lying ca lying ca lying ca line state of the state of	IGNIFICANT CONDITIONS IGNIFICANT CONDITIONS F OPERATION AL CAUSE WAS G OR ING CAUSE OF IO OCCURRED NOT WHILE AT WORK ify that I took chord ted from: Nature	ONTRIBUTING TO DEATH 19% CONDI 21% TIME OF HOUR A.M. 21% PLACE STREET, FAC.	FINJURY A. MONTH DAY YEA OF INJURY (AT HOME, STORM, ETC.)	RATION W 21c Hc 21l LO	OW INJURY OCCURRE CATION STREET Sy	D LENTER NATURE OF CITY OR Undetermined MEDICAL EX	TOWN ry , and manner ,	ART I OR PARI 2) COUNTY	YES .
MEDICAL	gave r cause (a lying ca lying ca lying ca lying ca lying ca line state of the stat	ise to immediate a state of the	ONTRIBUTING TO DEATH 196 CONDI 216. TIME O. HOUR A.A. P.A. 21e PLACE STREET, FAC. ge of the remains de- ral couses XX.	BUT NOT RELATED TO THE TERM ITION FOR WHICH OPER IF INJURY A. MONTH DAY YEA A. 19 OF INJURY (AT HOME. ITORY, FARM, ETC.) Scribed abave, held an Accident . Su	RATION W R 21c He 21l LO Autopa	CATION STREET SY . Inspection Institute (SPECIFY) AD Assistan	D (ENTER NATURE OF CITY OR Undetermined MEDICAL EX Penn St	ry, and manner, AMINER	COUNTY DATE 4-	YES .
MEDICAL	gave r cause (a lying ca lying ca lying ca lying ca lying ca lying ca line state of the state of	IGNIFICANT CONDITIONS IGNIFICANT CONDITIONS IGNIFICANT CONDITIONS AL CAUSE WAS G	ONTRIBUTING TO DEATH 196 CONDI 216. TIME O. HOUR A.A. P.A. 21e PLACE STREET, FAC. ge of the rempins de- ral couses XX.	BUT NOT RELATED TO THE TERM ITION FOR WHICH OPER IF INJURY A. MONTH DAY YEA A. 19 OF INJURY (AT HOME. ITORY, FARM, ETC.) KORELL M. 136. NAME OF CE	RATION W R 21c Hc 211 LO 3 Autop Metery O	CATION TITLE (SPECIFY) ADDRESS 111 R CREMATORY	D (ENTER NATURE OF CITY OR Undetermined MEDICAL EX Penn St	manner	COUNTY DATE 4-	YES
730.	gave r cause (a lying ca lying ca lying ca local capture of the state	ise to immediate a statistics to immediate a statistic to immediate a statistic to institute the statistic to immediate a	ONTRIBUTING TO DEATH 196 CONDI 216. TIME O. HOUR A.A. P.A. 21e PLACE STREET, FAC. ge of the remains de- ral couses XX.	ITION FOR WHICH OPER ITION FOR WHICH OPER IF INJURY A. MONTH DAY YEA A. 19 OF INJURY (AT HOME. ITORY, FARM, ETC.) SCRIBED Above, held an Accident . So KORE I M.	RATION W R 21c Hc 211 LO 3 Autop Metery O	CATION STREET SY Inspection Hamicide TITLE (SPECIFY) AD ASS is tan ADDRESS 111 OR CREMATORY Mem. Pk.	D (ENTER NATURE OF CITY OR Undetermined MEDICAL EX Penn St	ry , and manner , AMINER	county DATE 4- SIGNED	YES



STATE OF MARYLAND

Item #5 Film G578 4/19/83 rc

BALTIMORE, MARYLAND 2120

W. PRESTON

DIVISION OF VITAL RECORDS,

France Alteres in some Balley City. Salte - CHarl Sham + Horse - House Wille 17d - Bilto - 1207 E. Prestenst ISHMER SPLIND ENNY JOHN MOTERY 40 - 220-11-12 LEVER HORECON SOISTELL MA Being 1 711-53 Bath MARD CON Balton Ald

the attending physician and campletely filled in by the funeral d

1	FOR STATE REGISTRAR				CERTIF	E OF MARYLAND IEALTH AND MENTAL HYO ICATE OF DEATH	REG. N		0 3	4 6
	1. DECEASED NAME (TYPE OR PRINT)	JAMES		WESLEY		AUGHN	20. DATE OF DEATH	MONTH D.	7 83	7:30p M
	3. SEX MALE		1. RACE White	2	S. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)	F UNDER I YEAR	
1		rolina	U.S.A		MARRIE		9. BALTIMORE CITY C	_		MD.
	BALT I MOI	RE	Veter	en FACILITY, GIVE STREET	ente	r, Loch Raven	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE		ipsDrydo
7	USUAL RESIDENCE 130 STATE Maryland	Balt		GIVE RESIDENCE BEFORE 13c CITY OR TOWN		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 717 Easte	ern Blu	d. 212	21
9	Henry	M	onroe	Vauchn		15. MOTHER'S MAIDEN NA Gertie	Lee	Be	Uamy."	ST
	160, WAS DECEASED		MED FORCES?	4/3-38-	6734	Hazel G. Va	wohn 717 Ea	stern	Blud.	21221
	gove rise cause (a), underlying	if ony, which to immediate stating the cause last.	(b)	RAS A CONSEQUE CAR UN RAS A CONSEQUE	NCE OF CAR		INGITIS	IDITION GIVE		mon
-	THE CERTIFICATION OF THE COLORNY OF	OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED S OF DEATH?
	OR CONTRACTOR	WAS UNDERLYING ON CAUSE OF DEA	HOUR A.	DF INJURY M. MONTH DA M.	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJL	IRY IN ITEM 18 PA	RT I OR PART 2)	
	(IF EITHER, NOT 21d. INJURY C	NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
		that (I) (this hospi deceased olive on) (we) (did) (A) X X			FEBRU 83_, o	ARY 24 , 19 83 and that in XXX) (aur) apinion	111-11-2	27		that (1) (we) last couses stated
1000	22b. SIGNATE	Tuldre	Margi	11/1/10	D		MEDICAL STA		4/2	8/83
	22d. PHYSICIA	HELD (OR PRINT)	IAR LVI	-1ES	3900 LOCH R	AVEN BLVD B	ALTIMO	RE. MD	21218

DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached far use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial, IMPORTANT: If Item 21 is marked or Item 18 shows any

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial

Charles S. Zeiler & Son Inc. 6224 Eastern Ave.

23b. DATE **5-2-83**

236. NAME OF CEMETERY OR CREMATORY
Maryland Veterans'(em.

APR 29 1983

23d. LOCATION

STATE

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1=1	1 22 74	"Jessel! 6. Va	deed to be	//	60
			A1011 89-		3000
					Juntes J.

STATE OF MARYLAND FOR D STATE REGISTRAR DECEASED NAME

EPARTMENT	OF HEALTH	AND MENTAL	HYGIENE				
CE	RTIFICATI	OF DEATH					

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9	1 (. 4	-	- 5
REG. NO.				
DEATH MONT	H DAY	YEAR	25. HQ	UR
April	29,1	983	25	1.00%
ARS LAST BIRTHDAY)	# UN	DER I YEAR	# DNDC	T24 HRS.
2	MON'H	S DAT	MOUNT.	MAL

	(TYPE OR PRINT)	1 1	(Zu DAIL OF DEATH	DATE TEAM	an ingrun.	
	VESSE	alls, M.	tranco	S	April 20	7, 1983	25/1	M.
	3. SEX	4 RACE	5. DATE OF BIRTH	1	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR	# DNDCE24	1485
-	- Temale	Black	6 /2 C) YEAR	73 YRS	MON'HS DAT	WOUNT TO	MAL
	TO BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.		9 BALTIMORE CITY OF COUNT	Y)OF DEATH		
1	W. Virginia	U.S.	MARRIED NEVER MAI	RRIED	Ba	Himore	٥,	MD
Ú	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITU	UTION	120 USUAL OCCUPATION	12b KIND O	F BUSINESS	SOR
/	Baltimore	Old Court	Mursing Ce	enter	Probating Dep	IFE) INDUSTRY		
d	USUAL RESIDENCE (IF NURSING HOME OF	NOTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	1		-	2171	1

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	1		
		13e STREET ADDRESS.	1/1/
Iso Cooking Iso City Ok IOWN	130 INSIDE CITT FIWITS:	136 STREET ADDRESS	1
11/4	YES TO NO [19A4 RII	Hear also
Dallo:	I LES A MO	101101	LINOURG
14 FATHER'S NAME	15 MOTHER'S MAIDEN NAM	F	
	13 MOTHER S MAIDELLIAN	IL.	
FIRST MIDDLE LAST	A MIRST	MIDDLE /	LAST
PETER HANDINE MAIN	Maria	ニー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	
PETER FONTAINE MALE	1 179000	- ALLEN	

166 SOCIAL SECURITY NO.

00		O.O. AMHED I ONCES:	100 SOCIAL SECONITTIA	O. IT INTORMAINT	ADDITESS	
	(YES NO OBUNKNOWN) (1	FYES GIVE WAR OR DATES)	220-24-4	577 MR.A. HARRI	SON 1/ESSELLS 191	04 RUXTON AVE
Á	18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only one couse per	line for 10 Cance	1 Leena		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1629	DUE TO, O	r as a consequence of)F		
	Conditions, if only, who gove rise to immediately couse 101, stating	iote	R AS A CONSEQUENCE O	ne -		
	I maked as a land	1000,0	IN NO IN CONTOCODE INCE O	^{'1}		

ш	1000	DOE TO, ON AS A CONSEQUENCE OF	
ı	Conditions, if only, which	(b)	
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1	underlying cause lost.	1	
1		(c)	
П	PART 2 OTHER SIGNIFICANT COL	INDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN P	APT 1.0

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT
			YES NO	YES NO
21n ACCIDENT WAS UNDERLYING T	216 TIME OF INJURY	1216 HOW IN JURY OCCU	IPPED (FAUTED ALLTHUSE OF THE	

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19		
21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)	21f LOCATION STREET	CITY OR TOWN COUNTY

WHILE NOT WHILE	THE HOME STREET FACTORY OFFICE FARM	EIC)	JINCET		CITT ON TOTAL		JIMIL
AT WORK AT WORK			(1.2	2021	. 60	
220.1 certify that (1) (this hospital)	atjended the deceased from		6	19 0 5	, 7 1	19 0 5 th	Sell (we lost
	1 . X X			al autotion 1 at	1 1 1		-

DEGREE

6			PHYSICIAN DIRECTOR PHYSICIAN	, <
d.	PHYSICIAN'S NAME TYPE OF PRINTI	•	220 ADDRESS OF CO Corentes	4

	22d. PHYSICIAN'S NAME INPECT PRINTING	ian .	22e ADDRESS	0901	apresto
23a	BURIAL, CREMATION, REMOVAL 23b DATE	230 NAME OF	CEMETERY OR CREMATOR	RY 23d. LOCATION	4

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

5-3-83 ARBUTUS MAM PX 1250. DATE RECD.

JOSEPH L. Russ 22JZW. NORTH AVE

1983

ATTENDING MEDICAL

DHMH - 16 50M 1/81 (VRA 15, 4)

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other tro

Health and Mental Hygiene prior to

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morked or frem

IMPORTANT: If Item 21 is

TO FUNERAL DIRECTOR: After this certificate has been should be detoched for use as the buriol-transit per with the State Dept. of Health and Mental Hygiene

offending physicion

CERTIFICATION

MEDICAL

Links - ast of the middle of the Positiones in a serie of Angeline Manneron Parallel Strange Car Marie And the same of th Joseph A. Bloss 2002 May 16 carl Mars

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DEPAI		IEALTH AND MENTAL HYC	GIENE 8 3	1 0	3	4 6
	CEASED NAME	FIRST	WIOOFE	l	AST	20. DATE OF DEATH	ONTH DAY	YEAR 2	b. HOUR
		Joseph	Μ.		jtek	April 28			4:30P
J. SE		4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIRTH	MONTHS		HOURS MIN.
_	Male		ite		0-1900 YEAR	82	YRS.		
	IRTHPLACE (STATE OR FOIL		OF WHAT COUNTR	RY? 8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEA	ATH	
	Md.		S.A.	WIDOWE		Baltimor	e City		MD.
	altimore		SUCH FACILITY, GIVE STR	REET ADDRESS)	or other institution s Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Y Tire Build	YORKING LIFE) IND		BUSINESS OR Enuit
UŠŲ	AL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITUT 3b. COUNTY	ISC. CITY OR TO BALLI	OWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 520 N.	East A		21205
14. FA	ATHER'S NAME FIRST Stephe	MIDDLE	LAST VO	jtek	15. MOTHER'S MAIDEN NA FIRST Teresa	WE	-college	Gabo	or
	WAS DECEASED EVER IN YES, NO OR UNKNOWN) NO			0-3725	Dorothy E	ngland (dgh	124	sa addi	ame cess
	Canditions, if any, gave rise to imme cause (a), stating underlying cause	DUE TO which the last. DUE TO	O, OR AS A CONSECUTION	DIORS	SPIRATERY	ARREST ARREST		50	days
NOIL					NOT RELATED TO THE TERM				
CERTIFICATION	190. DATE OF OPERATION	ON 196 CO	NDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED		206. IF YES, WERE IN CERTIFYING C. YES [AUSES O	
MEDICAL CE	218. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH HOUR	E OF INJURY A.M. MONTH P.M.	DAY YEAR		RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORP	ART 2)	
MED	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	[AT HOM	CE OF INJURY E. STREET, FACTORY, OFFI	CE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	4 CORI	NTY	STATE
	22a.t certify that (1) (1 saw the deceased above (1) (ive) (dia		2 (7	83.8	nd that in (my) (our) apinian	death accurred on the date			
	22b. SIGNATURE	iam R	Jun.	und.	TEMPHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	/	. DATE SI	GNED
	22d. PHYSICIAN'S NAM	AE (TYPE OR PRINT)	S/8MV	ND	JOHNS	HOPKINS	HOLD	ITA	16
	BURIAL, CREMATION, RI (SPECIFY) Burial				edeemer	23d LOCATION CIT Baltin	more county	, J	Md STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene priar ta bur

IMPORTANT: If hem 21 is

etained by the hospital or attending physician.

^{M. FUNERASCEN}IMunek Funerla Home, Inc. 3331 Brehms Lane, Balto. Md. 21213

MAY 4 1983

more more and the sector asterio les ON IT SHOWING IN A MOUNT IN YOU JED 1454 WINDER WHY LAWAYS F MAINING

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MORE, MARYLAND 21201	
BALTI	
201 W. PRESTON ST.,	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2	
(1

-	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 3 4
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOU
-	Evelyn R. V	lonLaszewski	5. DATE OF BIRTH	Y/B/13	3.3
3.	F	W	9 DAY 1906	6 AGE (IN YEARS LAST BIRTHDAY) IF UN	NDER 1 YEAR IF UNDER
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY/OF	DEATH
0	Maryland	U.S.A.	MARRIED MEVER MARRIED WIDOWED DIVORCED	Baltimore Cty	>
14	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		TYPE OF WORK FOR MOST OF WORKING LIFE	7b. KIND OF BUSINI NDUSTRY
11	CALTIMONE CITY WALRESIDENCE (IF NURSUNG HOME O. STATE DATE	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	Housewife Y	
35	Md.	UNTY Balti	MOTE YES NO [13e STREET ADDRESS 509 W. 27th St.	21211
14	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAM		
V	John	Boyer	Caroline		eiges
160	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECU		ADDRESS	
1/	no	217-18-0	552 Arthur VonL	aszewski 509 W. 27	th Street
	PART I. DEATH WAS CAU	ATE CAUSE (o) / CS/L	AR ARTERY	THROM BOSIS	APPROXIMATE INTER BETWEEN ONSET AND
	Conditions, if ony, which	DUE TO, OR AS ACONSEQUE	L FIBRILLATIO	V	
	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
2	PART 2. OTHER SIGNIFICAN CHE 19a. DATE OF OPERATION	nging; apt	DEATH BUT NOT RELATED TO THE TERM WE WELL ALBER OPERATION WAS PERFORMED	INAL DISEASE OR CONDITION GIVEN IT LIMOTO LALLA 1200 AUTOPSY? 1206. IF YES, WE IN CERTIFY INC. YES NOW YES	REPINDING USED CAUSES OF DEATH
		1 2 2 1	Y YEAR 216. HOW INJURY OCCUR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART 10	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F.	211 LOCATION	CITY OR TOWN	COUNTY ST
	22a.1 certify that (1) this has	ol) ottended the based from	4/8/83 19	depth occurred on the date and hour and	, that (I)
	sow the deceased plive a	not; view the body ofter death.		seemed on the dote one hour one	i from the couses sto
	sow the decepted plive of the state of the s	hettpied	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	TIL DATE SIGNED
+	STA SIGNATURE JULIAN STANKE INFO	TTLRIED	ATTENDING PHYSICIAN [DIRECTOR PHYSICIAN CO	120. DATE SIGNED
230	BURIAL, CREMATION, REMOVA	TTCRIED 1 23b. DATE 23c N	ATTENDING PHYSICIAN DE PHYSICIA	DIRECTOR PHYSICIAN PORTION PHYSICIAN PORTION PHYSICIAN P	220. DATE SIGNED #/ 9/ P-3
	SEURIAL, CREMATION, REMOVA	TTERIED L 23b. DATE 23c N	ATTENDING PHYSICIAN PHYSIC	DIRECTOR PHYSICIAN PORTION PHYSICIAN PORTION PHYSICIAN P	#19/F3

the supplied of the supplied of Enitimore x 207 . 27th St. 2721 Mar. rover Carolina Carolina 217-18-0552 Arthur Vonlassmand 505 .. 27th Street durial (73/13 rathwood neme are that more, Ma.

...lan seles or. 301 meland ave. selto 21:11

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filler with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem & shows ony injury, or other troumotic event, the medical

ter, page 3 after death

STA	TF O	F M	ARYL	AND
217	OIF O	1 141	WULL	MINU

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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63	1.0

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REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Emma	T. von Lit	ndenbera	April 14, 198	3 M
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	Jüne 11, 0 1905 1	77	MONTHS DAYS HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8.	9 BALTIMORE CITY OR COU	
Ma .	USA	MARRIED NEVER MARRIED	(:7.77)	MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION		126. KIND OF BUSINESS OR
Baltimore	3613 Hamilton		Ret. Clerk-Mo	numantal Insurance
	OR OTHER INSTITUTION, GIVE RESIDENCE BEF		TS? 13e. STREET ADDRESS	All Contract of the Contract o
Md.	Baltimo			Avenue
14 FATHER'S NAME		15 MOTHER'S MAIDE	NNAME	
FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST
Charles F 60 WAS DECEASED EVER IN U.S.		CURITY NO. 17. INFORMANT	J. ADDRESS	Baer
	CIVE WAR OR DATES		ADDICUS	
no	213-01-	Mrs. Mary	M. Cecil Sam	
18 CAUSE OF DEATH (Ente	r only one couse per line for (a), (b),	ond (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAL	/// 1/2	In of In a	fortion	Immediate
///as IMMED	DIATE CAUSE (o)	and the		
7100	DUE TO, OR AS A CONSEC	DUENCE OF		
Conditions, if ony, which		vary but eny	Wiscase	of monds
gove rise to immediate		HENCE OF		
underlying couse lost.		TOLINEE OF		
DADI 2 OTHER SIGNIFICAN	VI CONDITIONS CONTRIBUTING T	O DEATH BUT NOT BELATED TO THE	TERMINAL DISEASE OR CONDITION	CIVEN IN DART 1:-
	AL CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	Time CONDITION FOR WHITE	CH OPERATION WAS PERFORMED	20n AUTOPSY? 20b. II	F YES, WERE FINDINGS USED
DATE OF OPERATION	198. CONDITION FOR WHIC	LA OPERATION WAS PERFORMED		ERTIFYING CAUSES OF DEATH?
			YES NO	YES NO
210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY O	CCURRED (ENTER NATURE OF INJURY IN ITEA	w 18 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF		19		
OR CONTRIBUTING CAUSE OF	21e. PLACE OF INJURY	21f. LOCATION		
WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY
AT WORK AT WORK				
220.1 certify that (1) (this h	cepital) ottended the deceased from	3/11 , 19_	83 to 4/14	, 19 <u>&3</u> , that (1) (we) lost
sow the deceosed olive	e on 4//	83 , and that in (my) (our) op	pinion death occurred on the date and	I hour and from the couses stated
obove, (I) (we) (did) (did	d not) view the body after death.	DEGREE		22c DATE SIGNED
200 //	12///	Zaz) ATTENDI	NG MEDICAL STAFF	11 - 103
1 luly	11/6	PHYSICI	IAN 🗷 DIRECTOR 🗌 PHYSICIAN 🗌	9/15/83
124 PHYSICIAN'S NAME (T	PE OR PRINT)	22e. ADDRESS		
Michael N.	Rubinstein MD	3900 N. C	Charles St. Baltim	more, Md.
230. BURIAL, CREMATION, REMOV	VAL 236. DATE 23	C NAME OF CEMETERY OR CREMAT		
(SPECIFY) Burial	Appril 70 7000	Da 7	Baltimore	Md . STATE
Dullal	April 18,1983	Parkwood		

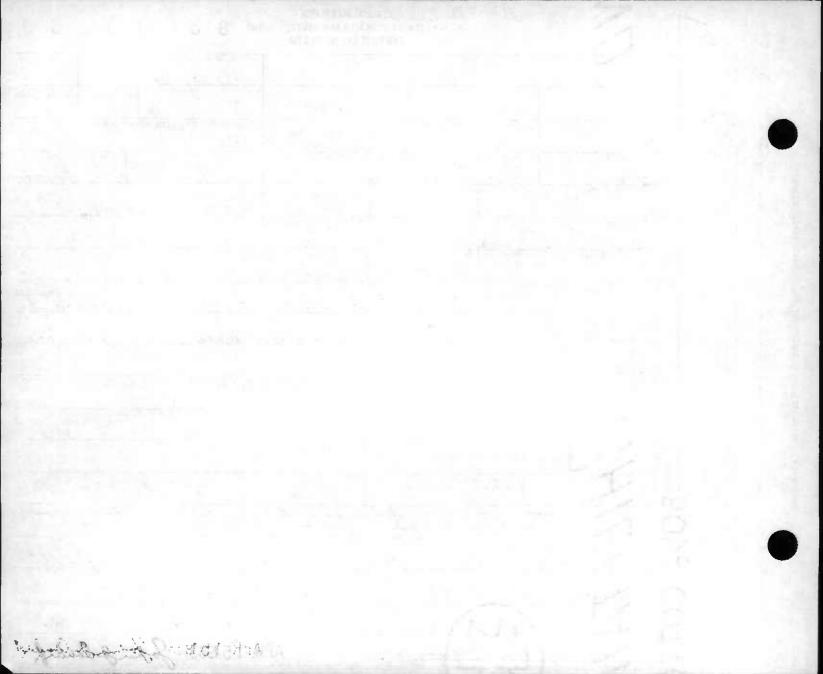
DHMH - 16 50M 4/B2 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

Leonard J. Ruck Inc. Baltimore, Md.

250. DATE REC'D. BY REGISTRAR THE SIGNATURE APR 15 1983



18	Ľ.	FOR STATE REGISTRAR		DEPARTMENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG FICATE OF DEATH	HENE UNIT	NO TO	30,6981
		OR PRINTI	KATHERINE	w.	AST VOYCE	2a. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
(IN)	0.05	ICATHERI		Vo	ICE		4 14	83 2-10AM
	3. SE		4. RACE	5. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UND	DER I YEAR IF UNDER 24 HRS 5 DAYS HOURS MIN.
Puge direct	₹n° R	*Female RTHPLACE (STATE OR FOREIGN	- White	ILINITPY2 R	2 90	92 9 BALTIMORE CITY 6	YRS TOUNTY OF D	EATH
3	M	aryland	USA	MARRIE		Baltimo	re City	MD
hours after a d in by the libe filed with		Balthnore	SINI	TIVE STREET ADDRESS)	SPITAL	(TYPE OF WORK FOR MOST OF Seamstre	ON F WORKING LIFE) ISS R	N. KIND OF BUSINESS OR DUSTR Seamstree Retired
24 Sulface out	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE	NTY 13r. CITY	nce before admission) OR TOWN timore		13e. STPFFT ADDRESS/ 708 Stam	ford Roa	d 21229
completely 1 and 2 sh	14. FA	THER'S NAMÉ HENTY	MIDDLE	edeck	15 MOTHER'S MAIDEN NAM	WIDDLE	Milke	LAST
e execut n and ca Pages 1		VAS DECEASED EVER IN U.S. AI	IVE WAR OR DATES	IAL SECURITY NO.		altimore, AD THE		
te be e icion o ers. Po of.		no	219	-2 0-7845	Mr. Winfield	d C. Voyce,		Agnes Lane
low requires that the case is been signed by the carm. Then please remo	CERTIFICATION	gove rise to immediate couse (o), stating the underlying cause last PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CO	ING TO DEATH BUT		INAL DISEASE OR CONI	20b. IF YES, WER	PART 1(a) RE FINDINGS USED CAUSES OF DEATH?
N: The leaves to the leavest to the leaves to the leaves to the leavest to the leavest to the leavest to the leaves to the leav	RTIF					YES NO	YES	NO 🗌
G PHYSICIAN: offending physis er this retificat ond Mental Hy ked on treville's	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	ATH HOUR A.M. MON	19 Y	216 HOW INJURY OCCURE	CITY OR TO		ounty state
ATTENDIN septral or a CTOR: Aft of for use a d for use a d for use a d for use a d for use a		22a I certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did n	1 / 1/	1 19 8 7 . a	nd that in (my) (aur) apinian o	3_, to4_death accurred an the do	ate and haur and	from the causes stated
by the hores are a detoched state Depth		226. SIGNATURE LIMA 22d. PHYSICIAN'S NAME (TYPE	Basad		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	FF V	4/14
TO HOSPITAL TO FUNERAL should be de with the Stat	22.	UMA	PRASAI		SINA	HOSPIT	AL	1/
BP		SPECIFY) Burial	4/18/83	Lorrain	emetery or crematory ne Park Comete		ore cour	Maryland
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	tzke Catonsvil	Lomondson Ave le Funeral Ho	ADDRESS P.A.	21228 APE	e rec'd. by registrar { 151983	26 JEGISTRAR'S	O'GHELLE "

. Was a state of the state of t many many to the The second of th ottending physicion and completely filled in love corbonpopers. Pages 1 and 2 should be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbonpape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If frem 21 is marked or Item 18 shows ony

injury, ar other troumotic event, the medical examiner/must be

D	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH								REG. NO.				
		CEASED NAME	ROBER		WACTS		ST		2a DATE OF	DEATH A	4-1	- 83	26. HOUR 21,65
	3. SE	Male	VIII IE	RACE Whit	e	S. DATE O	F BIRTH 1. 30,19	903	6. AGE (IN YE)		YRS.	IF UNDER I YEAR	IF UNDER 24 HRS
V		RTHPLACE (STATE OF COUNTRY) Lto., M		U.	WHAT COUNTRY S . A .	? 8. MARRIEI WIDOWE	NEVER MARRI	IED 🛄	9. BALTIMOR BAL	TIMOR			N
4		BALTIMOR ((IF NOT IN SUC	N MEMOR	RIAL HO	SPITAL		Super	Drysto.	WORKING LIFE	Mandustry	of Business o hipbld
35		AL RESIDENCE (IF NU	13b COUN		Balt 19		13d. INSIDE CITY LI		13755FET 7		21224 llwo		enue
200	14. F/	George	٨	NODLE	Wachte		15. MOTHER'S MAI	3	2.31	WIDDLE		Betz	
1	16a V	VAS DECEASED EVE		MED FORCES? WAR OR DATES)	216-01		17. INFORMANT 1						
		PART I. DEATH Conditions, if on gove rise to ir couse (a), stolunderlying cou	IMMEDIATI Iy, which mmediote ting the	DUE TO, OI	line for (o), (b), o	Hove I Blocked Blocked	loss er Ca					APPROX BETWEEN	(MATÉ INTÉRVAL ONSET AND DEATH
	NOI	PART 2. OTHER SIG	GNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE	OR COND	ITION GIVE	N IN PART 1	0
9	CERTIFICATION	190 DATE OF OPER	ATION	196. CONDI	TION FOR WHIC	H OPERATION	WAS PERFORMED	D	20a AUTOF	NO 🗌		, WERE FINDI (ING CAUSES	
9	AL	OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M, MONTH	DAY YEAR	21c. HOW INJURY	OCCURRE	ED (ENTER NATE	IRE OF INJURY	IN ITEM 18 PA	ART 1 OR PART 2)	
1	MEDIC	21d INJURY OCCU	RRED	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE	, FARM, ETC)	211. LOCATION STREET			CITY OR TOW	N	COUNTY	STATE
		22a.1 certify that (saw the deced obove, (1) (we)	osed plive on.		83 19	-	d that in (my)(our)	opinion d	, to	on the dot	e ond hour		that (I (we)lo

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

UNION MEMORIAL HOSPITAL

CTATE OF MADVI AND

BP.

O HOSPITAL OR ATTENDING

DHMH - 16 50M 4/82 (VRA 15, 4)

Burial 3000 E. Baltimore St. . Barbarrore, Md. 21224 24 FUNERAL DIRECTOR

23b. DATE

Huddleston

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)

13d NAME OF CEMETERY OF CREMATORY 123d LOCATION

13d Holy Redeemer Cemeter g-Baltimore, Md. STATE 25a. DATE REC'D.

22c. DATE SIGNED

MEDICAL STAFF DIRECTOR PHYSICIAN

Company to the property of the

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wise		noire.		
are in the content of	D . 11511 -	1581-2-15		- 04
Walabok d'Elouia	E ROIM		h me	

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital or attending physician

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executed within 24 hours after

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

		REGISTRAR			CERTIF	ICATE OF D	PEATH	REG. N	10.			
		CEASED NAME FIRST ROBER		B	WI	ALDEN	/	20. DATE OF DEATH	MONTH DA		3-10 A	M
	3. SE	MALE	4. RACE BLAC	CK	5. DATE C		YEAR 15	6. AGE (IN YEARS LAST BE		FUNDER 1 YEAR	IF UNDER 24 HRS	_
		RTHPLACE (STATE OR FOREIGN COUNTRY) N. Carolina	76. CITIZEN OF	.A.	? 8. MARRIEI WIDOWE	D NEVER	AARRIED T	BALTIMORE CITY	OR COUNTY		ity "	۸D.
	/	ALT IN ARE	11. NAME OF I	HOSPITAL, NURS	ING HOME C ET ADDRESS)			12a USUAL OCCUPAT (TYPE OF WORK FOR MOST			F BUSINESS C	R
		AL RESIDENCE (IF NURSING HOME O STATE 13b. COU		136. CITY OR TO	WN	13d. INSIDE C	MY LIMITS?	130. STREET ADDRESS 5715 Pa	rk Hei	212. ights		
2000	14. FA	ATHER'S NAME FIRST Hezekiah	WIDDLE	Walder	n	15. MOTHER'S	MAIDEN NAM	MIDDLE		Mai	nley	
		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES?	579-18		Henr	Jean W	villought	1 1) Wicl	klow R	.d
	z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, O DUE TO, O (b) DUE TO, O (c)	R AS A CONSEON	UENCE OF	evmoni Cancer u	ill po	Amenalyo	n etastas	3	Jays	
	CERTIFICATION	190. DATE OF OPERATION	19b COND	ITION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?	
	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	M. MONTH I M.	DAY YEAR 19	21c. HOW IN		ED (ENTER NATURE OF INJU		COUNTY	STATE	
		22a certify that (1) (this hosp saw the deceased alive ar obave, (1) (we) (did) (did no	1	19_		nd that in (my)	_, 19 (our) opinian d	, to eath occurred on the d			that (I) (we) lo causes stated	ist
		27b. SIGNATURE	Jany	d	M	D	TTENDING PHYSICIAN	MEDICAL STA		The DATE	23	
		Henry	Jampe	2/			Hospital	/	Beluden	But,	no 2/2/2	5
	23a. B	BURIAL CREMATION, REMOVAL	23b. DATE 4/27			Ridge	Cem.	Baltimo	ore	COUNTY ,	Md.	

DHMH - 16 50M 4/B2 (VRA 15, 4)

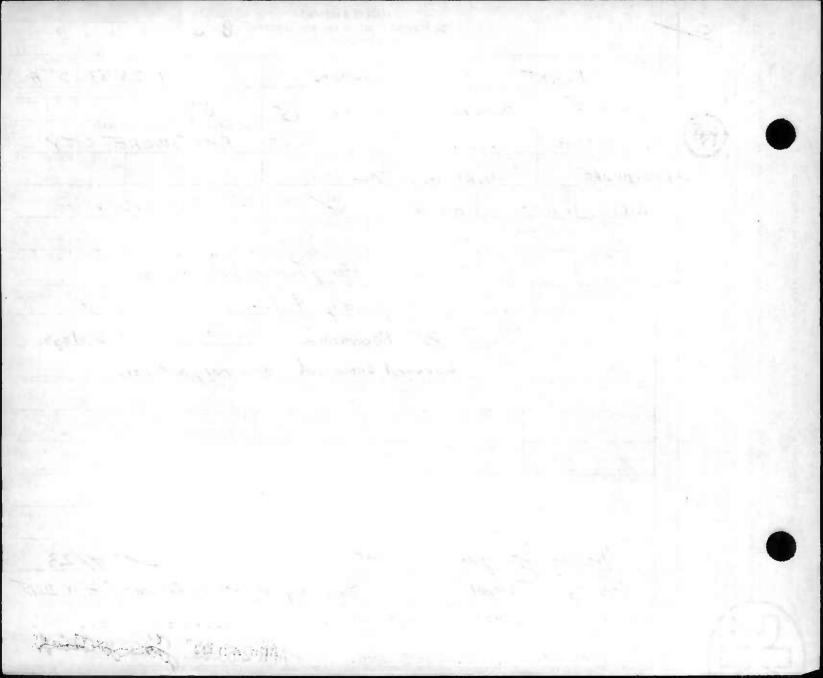
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be filled with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical

Wm C Mar North Ave. March F/H Inc Ε.

APR 25 1983



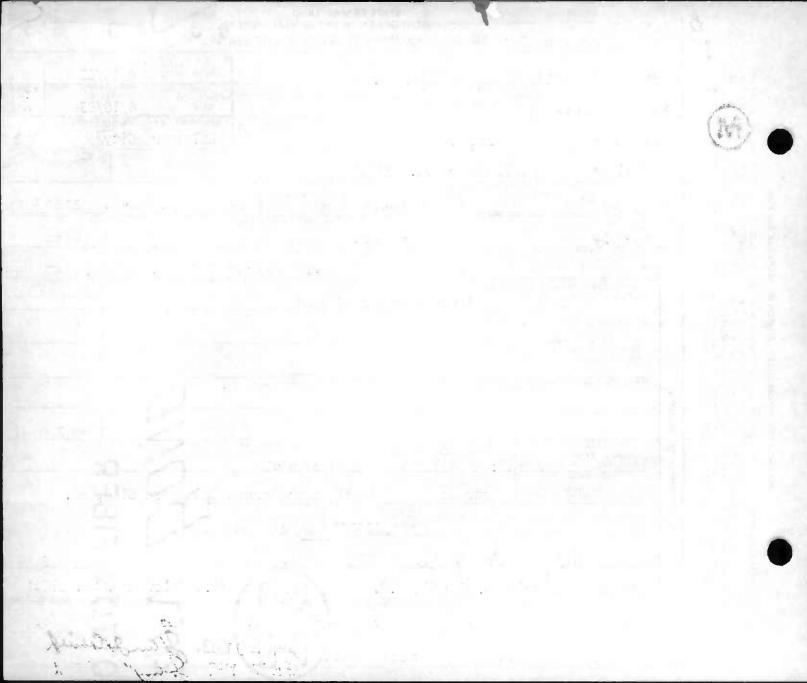
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES": 2, AND 3 TO THE FUNRAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM, 3. RETAIN PAGE 5. FOR YOUR FILES. TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PRAYEL, PAGES, AND 22 SHOULD BE FILED, WITHIN 72 HOURS. AFTER DEPARTMENT OF HEALTH AND MENTAL HORSIS, AND 25 SHOULD BE FILED. WITHIN 72 HOURS. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

> BP. DHMH - 1 (VR A15 ME

1	FOR	The second secon	ATE OF MARYLAND F HEALTH AND MENTAL H	YGIENE	
1-	STATE REGISTRAR	MEDICAL EXAMI	NER'S CERTIFICATE O	F DEATH REG. NO	0 0 0 0 4
	CEASED NAME FIRST	WIOOFE	LAST	20. DATE KNOWN [X OF ESTI-	MONTH DAY YEAR 26. HOUR
	DOROTH		WALKER	DEATH MATED	4 3 19 83 M
3. SE	Fe BLACK	5. DATE OF BIRTH SAY YEAR LAST BIRTH 53	HOAY) MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	4 3 19 83 24 HOUR 2:22 a M
70.8	IRTHPLACE (STATE OR PREIGN COUNTRY)	76. CITZEN OF YHAT COUNTRY?	8. MARRIED NEVER MARRIE WIDOWED DIVORCE	ED 📗 –	CITY MD.
10. C	Baltimore	11. NAME OF HOSPITAL, NURSING HO/ (IF NOT IN SUCH FACILITY, GIVE STREET ADORESS 734 W. Fayette S		120. USUAL OCCUPATION (TYPI	E OF WORK 12b KIND OF BUSINESS OR INDUSTRY
		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS	SSION) 13d. INSTOE CITY LIMITS? YES NO T	13 STREET, ADDRESS	ett 31201
14. F.	ATHER'S NAME	10	15. MOTHER'S MAIDE	N NAME MIRDLE	perces,
,	James T.	norris norris	mar	1	Norris
	WAS DECEASED EVER IN U.S. ARM	ED FORCES? AR OR DATES)	lity NO. 17 INFORMANT Slees gel	S. Douglass-	9 alberge LN
		one couse per line far (a), (b), and (c).)	0	0	APPROMMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a) stating the <u>underlying cause last</u> .	BY: CAUSE (a) Arteriosclero (b) DUE TO, OR AS A CONSEQUENC (c) ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	K ∕X F X	obe:	sity
NO		4		175	
FICA	190 DATE OF OPERATION	196. CONDITION FOR WHICH OP	ERATION WAS PERFORMED?		20 AUTOPSY?
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH DAY YE EATH P.M. 19	AR 21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18)	PART 1 OR PART 2)
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	1	of the remains described obove, held an	Suicide , Hamicide ,	Undetermined manner .	nd in my opinion
1225	ACTUAL SIGNATURE	- DX	TITLE (SPECIFY) M.D. Assistant	MEDICAL EXAMINER	DATE SIGNED 4-3-83
	(TYPE OR PRINT) Ann	M. Dixon, M.D.	ADDRESS 111	Penn St., Balto	o., Md. 21201
23a.1	Burial	1/7/83 Ced	and Hill	Brieflym	AA ML
7	TurnellB	Oden - Bal	to ma APR	1 1 1983 Jaa	I Comed

The plant my - The Total Tomat Tomaton and Tomaton of the State of th F3-4-6 1/7/83

61		OR.	7	DED A DYA		MARYLAND	LUVOIEN				"
131	1 - s	TATE	83-20 MEI			CEPTIFICATI	OF DEA	ې ي	1 0	3 5	5
1.		EASED NAME FIRST	03-20 14121	MIDDLE	MAMINEK 3	LAST	I OF DEA	REG. N		DAY YEAR	Zh HOUR
		ORPRINT)	1	1.10.1125				OF ESTI- DEATH MATED	_	2/22	III TOOK
	SEX	nnie (LENNY	5. DATE OF BIRTH	WALKE	6. AGE (IN YEARS IF	JNDER 1 YR. IF UN	DER 24 HRS.	2c. DATE	MONTH	DAY YEAR	24 HGU9
	м	le Black	6 25	58	24 YRS.	NTHS DAYS HOURS		PRONOUNCED DEAD	4/18	3/8319	Ä
7	6 BIR	THPLACE ISTATE OR	76. CITIZEN OF WH	-		RIED NEVER MA	ADDIED (X	9. BALTIMORE CITY			1
		gn country) aryland	U.S.	Α.	WIDO		ORCED	Baltimor	e City	y	MD
H	0. CIT	OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NUR	SING HOME, OR O	THER INSTITUTION		AL OCCUPATION IT	YPE OF WORK	12b. KIND OF BU OR INDUST	JSINESS
L,	-	Baltimore		ier Av							
	SUAI	RESIDENCE (IF IN NURSING HOME ATE 136 COUN		13c CITY C	OR TOWN	13d. INSIDE CITY LIMIT		ET ADDRESS		212	
-		ryland		Ba	ltimore	YESX NO		20 Royce	Ave	. 212	15
1	4. FA	HER'S NAME FIRST	WIDDLE		AST	15. MOTHER'S MA	AIDEN NAME	MIDDLE		Tolvie	
1/	An W	Lennie AS DECEASED EVER IN U.S. AR	MED FORCES?		ker, Sr.	Mary 17. INFORMANT		ADDRES		TOIVIE	L
ï	(YES	NO. OR UNKNOWN) (IF YES, GIVEN	WAR OR DATES)		N/A		Jalker	2914 W.	Colo	dsprin	o Lai
		8 CAUSE OF DEATH (Enter or	nly one couse per line			Haly V	Vaikei	2714 11.	0010	APPROXIMATI	EINTERVAL
		PART I DEATH WAS CAUSE	D BV		t wounds	of head				BETWEEN ONSE	T AND DEATH
		9654 MMEDIA	TIL CHOOL (U)		SEQUENCE OF		- 15				
	-1	Canditions, if any, which gave rise to immediate									
		cause (a) stating the under lying cause last.		AS A CONS	SEQUENCE OF						153
		Tyling cuose lust.	(c)								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)											
	MEDICAL CERTIFICATION	190 DATE OF OPERATION	19b CONDI	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20 AUTOPSY	?
ı	FFC									YES [X	NO 🗆
1	E	TIO EXTERNAL CAUSE WAS	21b. TIME OF	INJURY	DAY YEAR 21c.	HOW INJURY OCCU	IRRED LENTERN	ATURE OF INJURY IN ITEM 1	8 PART 1 OR PAR		
	7	UNDERLYING OR CONTRIBUTING CAUSE OF				ubject sh	ot.				
ŀ	AED	11d. INJURY OCCURRED	21e PLACE C STREET, FACT	OF INJURY	(AT HOME. 21f	OCATION		CITY OR TOWN	COU	inty	STATE
		WHILE NOT WHILE (X str	eet	46	11 Homer	Avenue,	, Baltimor	e City	y, Md.	
		22a I certify that I took char	ge of the remains des	cribed abov	re, held an Aut	opsy X, Inspe	ection .	Inquiry	and in my op	inian	
		death resulted fram: Note	ural causes ,	Accident	, Suicide	, Homicide X], Undete	rmined monner			
		ACTUAL MICH	To And	1.00)	TITLE (SPECIFY			DATE	4 43 0 46	
l		SIGNATURE WAY	sice alle.	MU	<u></u>	M.D. ASSIS	tantmedi	CALEXAMINER	SIGNE	4/18/8	33
-		EXAMINER'S NAME Marc	garita A.	Kore1	1, M.D.	ADDRESS 11	Penn	St., Balt	imore,	Md. 21	201
2	3e.BU	RIAL, CREMATION, REMOVAL			AME OF CEMETERY		CITY C	CATION	COUN	ITY 51	TATE
-	_	BURIAL NERAL DIRECTOR	4/22/83	A	rbutus l	lemorial	PN.	Arbutus	S S S S S S S S S S S S S S S S S S S	_ M	d.
П		NAME	ADDRESS		Manakh	AP	R 201	983	me	Convery	(
F	wm	C March F/H	Inc. 11	OI E	NOTEN A	ve.		- U	-	-	



10	1-	FOR STATE REGISTRAR		DEPAR	TMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 3	10356
M		EASED NAME NO PRINT)	tchael		Walker	Ken	20. DATE OF DEATH MONTH	2383 5:1 APM
2 0	3. SEX		4. RAC		5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
urs of		Male		hite	12	1846		RS.
hin 72 ho		THPLACE (STATE OR FORE DUNTRY) Md.		IZEN OF WHAT COUNTRY ${ m SA}$	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Balto. Cit	
by the full with illed with		y or town of death altimore		AME OF HOSPITAL, NURS NOT IN SUCH FACILITY, GIVE STRE Ercy Hospita		OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Computer Ope	er. Computers
filled bould b	13a. S	vate vid.	Balto.	ISC. CITY OR TO Middle	River	36 INSIDE CITY LIMITS?		ne Rd., 21220
ond 2 s		THER'S NAME FIRST	John	Walk		Doris	Marie	Cody
s. Poges 1	7 IY	AS DECEASED EVER IN ES, NO OR UNKNOWN) (NO	U.S. ARMED FO FYES, GIVE WAR OF			Jane E. Wa	ADDRESS lker, 9404 Wi	ndpine Rd., 2122
signed by the attending physic hen please remove corbon pape to burial, cremation, or removal jury, or other traumatic event, the	No	Conditions, if any, we gove rise to immed couse (o), stofing underlying couse	hich (liote the lost.	SE (0) DONO (G	UENCE OF	TOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1/0
has been	CERTIFICATION	19a. DATE OF OPERATIO	N 191	6 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
21 is marked or the 18 sh	MEDICAL CER	sow the deceased	SE OF DEATH EXAMINER) 216 (A' us hospital) attention	b. TIME OF INJURY HOUR A.M. MONTH P.M. e. PLACE OF INJURY THOME. STREET, FACTORY, OFFICE ended the deceased from the body after death.	19 E. FARM, ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE COUNTY STATE that (I) (we) lost drow ond from the couses stated
ERAL DIRECTOR Stoke Dept.		22h. SIGNATURE	Dur	- MB		EGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED / 18
FUNE Mid be		22d. PHYSICIAN'S NAM	(TYPE OB PRINT)	up MI		Mercy Host	o 301 St. Pa	ul Pl 21202

231. NAME OF CEMETERY OR CREMATORY

Dulaney Valley Ceme.

DHMH - 16 50M 4/B2 (VRA 15, 4)

émmon, 10 W. Padonia Rd.

4/27/83

23b. DATE

23g. Burial, cremation, removal (specify) Burial

250. DATE REC'D. BY REGISTRAR 256. APR 27 1983

23d LOCATION
CITY OF TOWN
Timonium

n Balto. Md.

lic of J. eler liturose . Constitue ! i . Constitue in a securiti Telto. ... Prient room on the season of the contract of the co Tyrif on John Berg Boris Begg midt be fry 1 t = small state with one of making the market

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

24. FUNERAL DIRECTOR

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

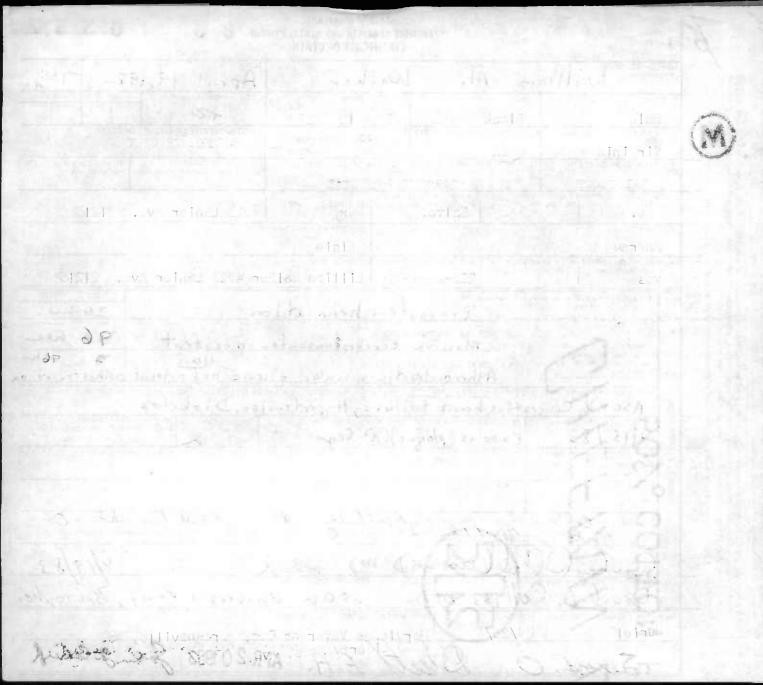
REGISTRAR			CERTIFICATE OF DEATH	REG, NO.				
1. DECEASED NAME	am 1	W,	Nalker	April 19	1983 720 AM			
3. SEX	4. RACE	5.	DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN,			
Male	Black		3 12 23	50 YF				
F. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU BALTIMORE				
Virginia	USA	V	WIDOWED DIVORCED	DALITHORE C	MD.			
10. CITY OR TOWN OF DEATH		HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR			
BALTIMORE		N MEMORIAI		(TIPE OF WORK POR MOST OF WORKE	NO COLOTTO			
USUAL RESIDENCE (IF NURSING HOME 130. STATE Md.	OR OTHER INSTITUTION UNTY	131. CITY OR TOWN Balto.	MISSION) 13d. INSIDE CITY LIMITS? YES \(\bigcirc \text{NO} \text{NO} \text{T}	130 STREET ADDRESS 4923 Lanier A	ve. 21215			
14. FATHER'S NAME FIRST Andrew	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST			
160 WAS DECEASED EVER IN U.S.		16b. SOCIAL SECURIT		ADDRESS				
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	225-20-450	02 Lillian Walk	ker 4923 Lanier	Ave. 21215			
Conditions, if ony, which gove rise to immediate couse (o1, stating the underlying couse last. PART 2 OTHER SIGNIFICAN ASC V CO. 190. DATE OF OPERATION 415 83 21d. ACCIDENT WAS UNDERLYING	DUE TO, O DUE TO, O T CONDITIONS CO Ages Vive 196. COND DEATH 216. TIME C HOUR A	heart fail ition for which of lus (plagu- finjury M. MONTH DAY	CE OF CE OF TIC VASCULAT DI ATH BUT NOT RELATED TO THE TERM LUNC, HYPENTON PERATION WAS PERFORMED 1211. HOW INJURY OCCUR	sion, Diabete	GIVEN IN PART 110 FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO			
saw the deceased alive above. (1)(we) alia! (did 22b SIGNATUR	216. INJURY OCCURRED WHILE AT WORK Not the deceased live on obove. (1) (we) the body ofter death.							
230. BURIAL, CREMATION, REMOV	AL 236. DATE 4/25/	10000	ME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN CETT. Crownsyi I	COUNTY STATE			

DHMH - 16 50M 4/82

(VRA 15, 4)

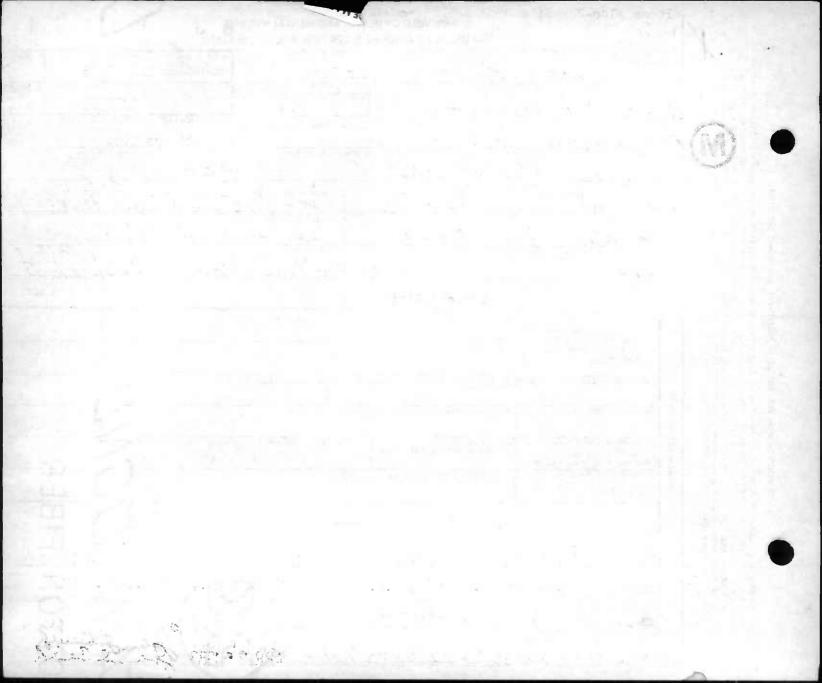
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retained by the hospital or attending physician.



ALTIMORE, MD. 21201	AFTER DEATH. IF ANY DELAY IS NECESSARY, PLASSIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR THE PAGES 1, 20, AND 3 TO THE FUNERAL DIRECTOR THE PAGES 1, 20, AND 2 SHOULD BE FEWER WIN 72 HOUR VISION OF VITAL PSCORDS. THE PLANS OF THE PAGES 1, AND 2 SHOULD BE FEWER WIN 72 HOUR PAGES 1, AND 2 SHOULD BE PAGES 1, AND 2 SHOULD	Ba CITY O
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY BECKES ARRY PLASS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1.2. AND 3 TO THE FUNERAL DIRECTOR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PMS. RETAIN PAGE 3 SHOULD BE SHOULD BE DISED AS A BURBLI. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE PROMINED ATTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL. WITHOUR, DIVISION OF WITH SECONDS. BALTAMORE, MARYLAND, 21201 PRIOR TO BURBLI, CREMATION, OR REMOVAL.	PART PROPERTY OF THE PROPERTY

/	tems #18a-22a Film G582 8/3/83 rcSTATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE	INE "	10358
11.	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DE	EATH REG. NO	0.
	ECEASED NAME FIRST MIDDLE LAST YPE OF PRINT)	20. DATE KNOWN X	MONTH DAY YEAR 26. F
	James BOAZ Walker Bey	DEATH MATED	4/17/83 ₁₉
1,58	AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HR: LAST BIRTHDAY) MONTHS DAYS HOURS MIN	PRONOUNCED	MONTH DAY YEAR
12	PACIFICATION OF WHAT COUNTRY? 18	DEAD 0 RAITIMORE CITY O	4/17/83 ₁₉ F
7	MARRIED NEVER MARRIED WIDOWED DIVORCED	-	
10.0	ITY OF TOWN OF DEATH III, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 U	JSUAL OCCUPATION (TYPE	E OF WORK 126 KIND OF BUSINE
b.	Baltimore (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Lutheran Hospital	OR MOST OF WORKING LIFE)	OR INDUSTRY
OSU Os.	A RESIDENCE IN HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	STREET ADDRESS	212/1
7	NAVULAND BALLON YES TO NO	527 Kic	zas Hue.
14.7	ATHER'S MAME IS. MOTHER'S MAIDEN NA/	ME MIDDLE	10 //s LAST
-	WAS DECEASED EVER IN U.S. ARMED FORCES? TIBE SOCIAL SECURITY NO. 17. INFORMANT	n mi L	UIIIAM,
	(YES, NO, OR LINKNOWN) (IF YES, GIVE WAR OR DATES)	1 Honth 20	Met it
H	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b); and (c).)	1701111124	APPROXIMATE INTER
	PARTIDEATH WAS CAUSED BY: MMEDIATE CAUSE (0) Bronchiolitis		BETWEEN ONSET AND
	966/ MMEDIATE CAUSE (6) (DUE TO, OR AS A CONSEQUENCE OF		
	Canditions, if ony, which gave rise to immediate (b)		
	couse (o) stating the <u>under</u> DUE TO, OR AS A CONSEQUENCE OF lying cause last.		
	(c)		
Z			
H K	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?		20 AUTOPSY?
F			YES X N
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS 210. TIME OF INJURY 10. HOW INJURY OCCURRED (ENT HOUR A.M. MONTH DAY YEAR	ER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
ICA	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION		
MEC	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET	CITY OR TOWN	COUNTY
	AT WORK AT WORK		
1	22a I certify that I took charge of the remains described above, held an Autopsy XI. Inspection		па п ту оріпюл
	death resulted fram: Natural causes Accident , Suicide , Hamicide , Unc	determined monner,	
	SIGNATURE UNITED THE BOOK M.D. ASSISTANT M.	EDICAL EXAMINER	DATE SIGNED 4/18/83
			o., Md. 21201
	(TYPE OR PRINT) ADDRESS ADDRESS	ii St., Daite	7., Ma. 21201
230.	BURIAL CREMATION, REMOVAL 236. DATE 28. NAME OF CEMETERY OR CREMATORY 236.	LOCATION LY OR TOWN	COUNTY CHATY
24	FUNERAL DIRECTOR 250. DATE REC'D.	BY REGISTRAN I SIN JEGI	STRARS SIGNOUSE
	105-10h Li KILSS D222 W North AVA APR 2	5 1983	my want
	The second secon		



and director, page 3 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

urs ofter death. Page

executed

requires that the death certificate be

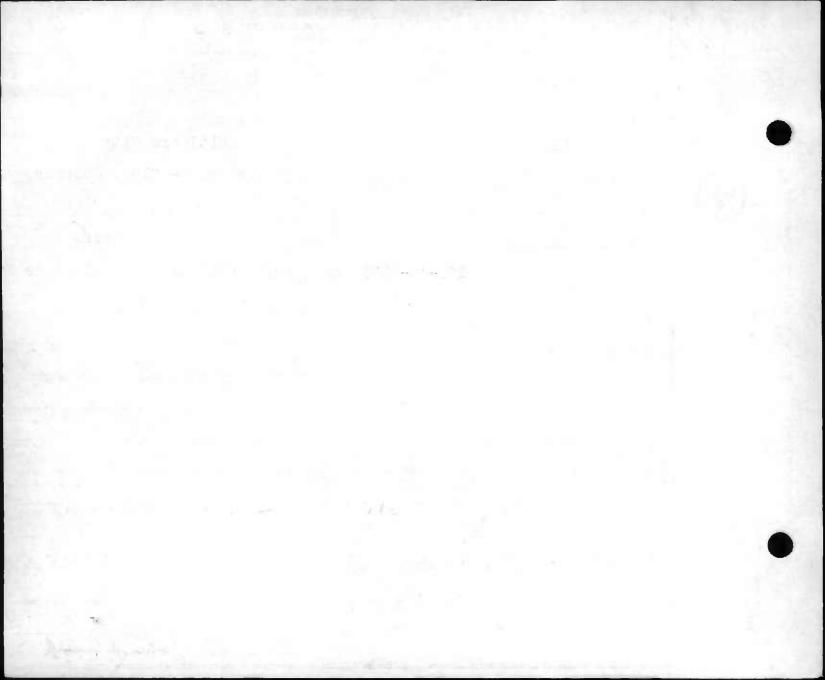
TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH 3

REG	SIRAR				CERTII	ICAIL OI DEAI	**	REG. N	0.			
1 DECEASE		FIRST	A	AIDDLE	l.	AST	2	DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR	
, C OK PKIN		Walla	ice					04-28-8	3		M	
3. SEX		4. RA		· · · · · · · · · · · · · · · · · · ·	5. DATE C			AGE (IN YEARS LAST BIR	THDAY}	FUNDER I YEAR	IF UNDER 24 HRS	
for	ale	h	lack_		MONTH	1 DAY Y	EAR	MONTHS DAYS HOURS			HOURS MIN.	
. BIRTHPL	ACE (STATE OR FORE)		76 CITIZEN OF WHAT COUNTRY? 8				9	BALTIMORE CITY		OF DEATH		
COUNTRY	ert Coun	+**	TISA WIDO			D NEVER MARR		Baltimore City			MD	
0 CITY OR	TOWN OF DEATH	11.	NAME OF F		IRSING HOME C	NG HOME OR OTHER INSTITUTION		USUAL OCCUPAT	ION	126. KIND C	OF BUSINESS OR	
ho1+	imore			CODVAL		Nursing		Aborer -	F WORKING LIFE) Glas	INDUSTRY	pany	
ASU AL RES	DENCE (IF NURSING	HOME OR OTHE		GIVE RESIDENCE	BEFORE ADMISSION)		4			01	01/	
30 STATE		6 COUNTY		13c CITY OR		138 INSIDE CITY LI	MITS?	e STREET ADDRESS		-	0110	
Mary] FATHER				balti	nore	15 MOTHER'S MAI	DEN NAME	2203 Elsi	nore A	zenue		
	FIRST	MIDDLE	ε	LAST		FIRST		WIDDLE		Gross		
	CEASED EVER IN		FORCES?	16b SOCIAL	SECURITY NO.	Carrie		ADDR	ESS	GLODE	,	
(YES, NO	OR UNKNOWN) (IF	FYES, GIVE WAR					רזדת	Gullive	1005	Cole	ridge	
n						Mrs on	ST.AT	GUTTIA61	. 1009			
18 CAUSE OF DEATH LEnter only one cause per line for 10), (b) and (c) PART I. DEATH WAS CAUSED BY: COMPANDIATE CAUSE (a) COMPANDIATE CAUSE (b) COMPANDIATE CAUSE (c)											IMATE INTERVAL ONSET AND DEATH	
1	IMMEDIATE CAUSE (0) - CETE DESTINATION THE CLOSE											
DUE TO, OR AS A CONSEQUENCE OF												
Conditions, if ony, which gove rise to immediate (b) Suturnowice												
cous	e io, stoting		DUE TO, OR AS A CONSEQUENCE OF									
unde	erlying couse	lost.	(c)									
	2 OTHER SIGNIF	DITIONS CO	AL DISEASE OR CON	DITION GIVE	N IN PART 10	0						
CERTIFICATION D 18 0 D 18 0 D	1740	200	all,	un	éc							
Y 19a D	ATE OF OPERATIO	N	19b. CONDITION FOR WHICH OPERATION WAS PE			N WAS PERFORMED				F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?		
E										YES NO		
21a A	CCIDENT WAS UNDERL	-	216. TIME OF		DAY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18, PAR	RT 1 OR PART 2)		
OR CO	INTRIBUTING CAUS		P./		DAY TEAR						1 00	
$\stackrel{\vee}{}$	JURY OCCURRED		21e PLACE C	OF INJURY		21f LOCATION		C17V 02	A/b l	COLUMN		
WHIL AT WO	NOT WHILE		(AI HOME, STR	EET, FACTORY, OF	FICE, FARM, ETC)	SIKEEI		CITY OR TO	W 14	COUNTY	STATE	
	certify that (I) (th	nis hospital) a	ottended the	deceased fr	om_ \$1-1	19	82	16 4 0	. 19	9 5 3	that (I) (we) lost	
S	w the deceased	olive on	1151			nd that in (my) (out)	apinion dec	th occurred on the d	ote and hour			
	bove, (I) (wendid)	(did not) vie	w the body	ofter deoth.		DEGREE				22c DATE		
1	000	Ke	2	Van	. (ATTEN		MEDICAL STA		0	1100	
77d P	HYSICIAN'S NAME	E (TYPE OR PRINT	11	400		27e. ADDRESS	CIAN (DIRECTOR PHYSIC	IAN []	19.	1183	
		(W D D				D1 W-1	1			
I Ro	DOTT K	Kroonr	Plaza Mall									
	bert B.											
30. BURIAL (SPECIFY)	CREMATION, REA		b. DATE			EMETERY OR CREM.	ATORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE	
230. BURIAL (SPECIFY)					23c NAME OF C	ourn		CITY OR TOWN	Mary 1:	and		

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DHMH - 16 60M 1/75 (VR A 15 (4))



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? ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be
- 5

1-	FOR STATE REGISTRAR	DEP			IENE 8 3	10300			
		· MARJORII	e u	ALLACE	20. DATE OF DEATH MONTH	27 83 3 P M			
3. SE	F	Black	S. DATE C	S 29 ZEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER EYEAR IF UNDER A HRS MONTHS DAYS HOURS MIN.			
	CHAITON	U.S.A. MARRIED LI NEVER MARR			DATHITMODE CIRV				
В	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3737 COLUMBUS DRIVE			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK TEACHER—BA				
13a. S	D 136. COUN	NTY I3c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 3737 COLUMB	US DRIVE 21212			
A	USTIN	WILLIA	AMS SR	ROSA	WIDDLE	WIGGINS			
0	res, no or unknown) (IF YES, GIV	E WAR OR DATES)			WALLACE-BAL	TO., MD. 21215			
	PART I. DEATH WAS CAUSE	D DV		ory far	lure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 WW S			
	Conditions, if any, which gove rise to immediate	((b)	UNG	metagta	2515	6 mos			
	underlying couse last.	(c)		ist can	veer	2 445			
ATION	190. DATE OF OPERATION				20g AUTOPSY? 20b. 1	IF YES, WERE FINDINGS USED			
CERTIFIC	210 ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURR	YES NO	ERTIFYING CAUSES OF DEATH? YES NO NO NO NAME PART I OR PART 2)			
		P.M. 21e. PLACE OF INJURY	19	211. LOCATION	CITY OR TOWN	COUNTY STATE			
¥	WHILE NOT WHILE 220. I certify that (1) (this haspi		A	mt , 19 & 1	to April				
	saw the deceased alive an abave (1) we) (did) (did no 22b. SIGNATURE	it) view the bady after death.	0)	DEGREE	-	221. DATE SIGNED			
	22/ PHYSICIAN'S NAME (TYPE C		L V	220 ADDRESS	DIRECTOR PHYSICIAN	19/27/23			
					23 LOCATION	COUNTY. MD STATE			
1 (3)	UNLAH	17/7/67	AKBITTI	S IN HIM PK	TEAT THE WAY DO	CALLED CHILLY BUTT			
	1. DEG (1796 3. SE) 70. BI 10. CI B 130. S M 14. FA A 160. V 17. S 18. S 1	1. DECEASED NAME FIRST (TYPE OR PRINT) 3. SEX 7a. BIRTHPLACE (STATE OR FOREIGN MARYLAND) 10. CITY OR TOWN OF DEATH BALTIMORE USUAL RESIDENCE (IF NURSING HOME OF 13a. STATE 13b. COUP MD) 14. FATHER'S NAME FIRST AUSTIN 16a. WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) (IF YES. OR NO) 18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF PART I. DEATH WAS CAUSE OF DEATH (IS THE COUSE (IS), STATE 13b. COUP PART 2. OTHER SIGNIFICANT (IS) 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IS) (IF EITHER, NOTIFY MEDICAL EXAMINE) (IF EITHER, NOTIFY MEDICAL EXAMINE) 21a. TERRITORY MEDICAL EXAMINE) 22b. SIGNATURE 22c. Terrify that (I) (this hosp saw the decease did) (did no 22b. SIGNATURE) 22c. PHYSICIAN'S NAME (TYPE OF ACCURATE OF A	1. DECEASED NAME OF SETS MARJORIS 3. SEX 4. RACE BLACK 70. BIRTHPLACE (STATE OR POREIGN TO CITIZEN OF WHAT COUN MARYLAND U.S.A. 10. CITY OR TOWN OF DEATH TO COLUMN TO THE SUCH FACILITY. GIVEN TO	TO. DECEASED NAME TO. DECEASED NAME TO. SEX TO. BIRTHPLACE TO. BIRTHPLACE TO. BIRTHPLACE TO. CITY OR TOWN OF DEATH TO. CITY OR TOWN TO. COUNTY TO. COLUMBUS TO.	TO STATE PROBLEM OF PORTON 1. DECEASED NAME OF PORTON 1. DECEASE OF PORTON 1. DECEASED NAME OF PORTON 1. DECEASE NAME OF PORTON 1. DECEASE OF PORTON 1. DECEA	1. STATE RECISTRAR I. DECEASED NAME OS A MARJORIE J. SEX J. BIRTHPLACE J. BACE J. BALTIMORE J. BAL			

STATE OF MARYLAND

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requires that the death certificate be executed within 24 hours after

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the haspital or attending physician

	FOR			E OF MAKTLAND IEALTH AND MENTAL HY	GIENE 8 3	103	6 1
1.	STATE REGISTRAR			ICATE OF DEATH	REG. NO.		
{TYPE	CEASED NAME FIRST	MIDDLE	Vallac	e)	2a. DATE OF DEATH MC	3	8 PM
3. SE	FEnale	Blac			6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS YRS.	HOURS MIN.
	m O	USA	MARRIE	D NEVER MARRIED DIVORCED	Baltimore City or	re City	MC
K	21timore	I. NAME OF HOSPITAL IPNOT IN SUCH FACILITY, SICAME OF	a / (CA)	reng Hom E	12a. USWAL OCCUPATION (TYPE OF WORK FOR MOST OF W	VORKING LIFE) INDUSTRY	BUSINESS OR
13a. S	AL RESIDENCE (IF NURSING HOME OR C STATE 13b COUNT MATHER'S NAME	TY 13c. CITY	OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS		1213 ve.
2	5amuel "	IDDLE	LAST	Fanni	WIDGLE	Lee	
	VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (1F YES, GIVE	MED FORCES? 166 SOC WAR OR DATES)	N/A	Priscilla (Collins 413	n. wol.	Fe 57. MATE INTERVAL INSET AND DEATH
ICATION	couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION		TING TO DEATH BUT	NOT RELATED TO THE TER/	20a AUTOPSY? [2	TION GIVEN IN PART 110 10b. IF YES, WERE FINDING N CERTIFYING CAUSES (GS USED
AL CERTIFI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OCCUR	YES NO	YES	NO 🗌
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJUR (AT HOME, STREET, FACTOR	RY	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this haspite saw the deceased alive an_ above, (1) (we) (did) (did nat	4/6/83	190	nd that in (my) (our) opinian	death accurred on the date	Control	hat (1) (we) last couses stated
	22b. SCHALLING	Lum	e, hel	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE S	IGNED
	22d. PHYSICIAN'S NAME (TYPEOR	PEUNA	LIDE, NO	220. ADDRESS	Tok Hond	BANT, A	ed
	BURIAL, CREMATION, REMOVAL (SPECIFY) BUVIAL	23b. DATE 4/11/83		EMETERY OR CREMATORY	23d. LOCATION GITY OR TOWN	COUNTY	MD
	UNERAL DIRECTOR NAME C. March	6/4 110	ADDRESS		PR11982	RESISTRAR'S SIGNATU	shield

DHMH - 16 50M 4/82 (VRA 15, 4)

MPORIANT: If hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examines rough be notified at any TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

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Dundalk, MD. 21222

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

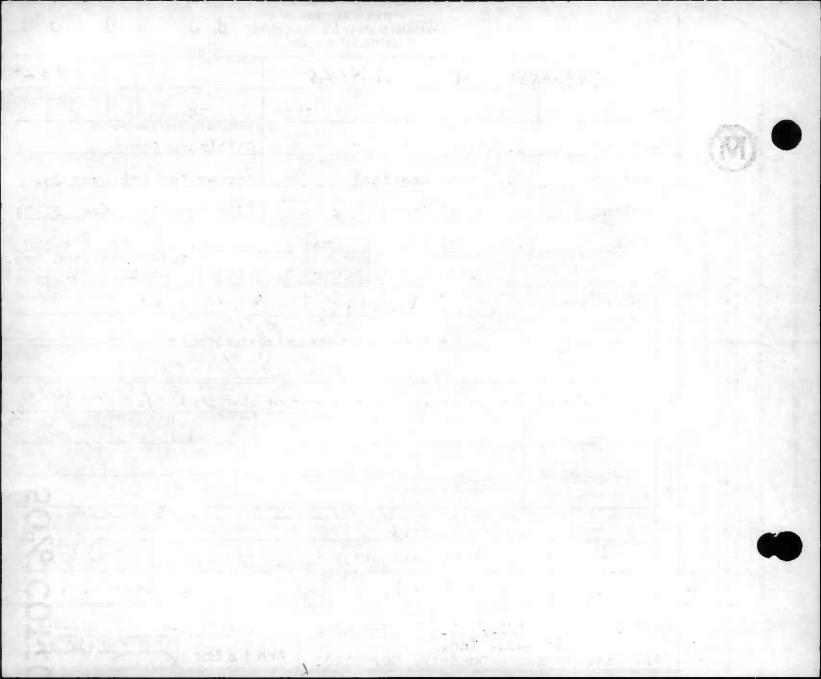
FOR

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(VRA 15, 4)

Wise Avenue

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	TO HOSPITAL XITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Prefained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the function should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed withing

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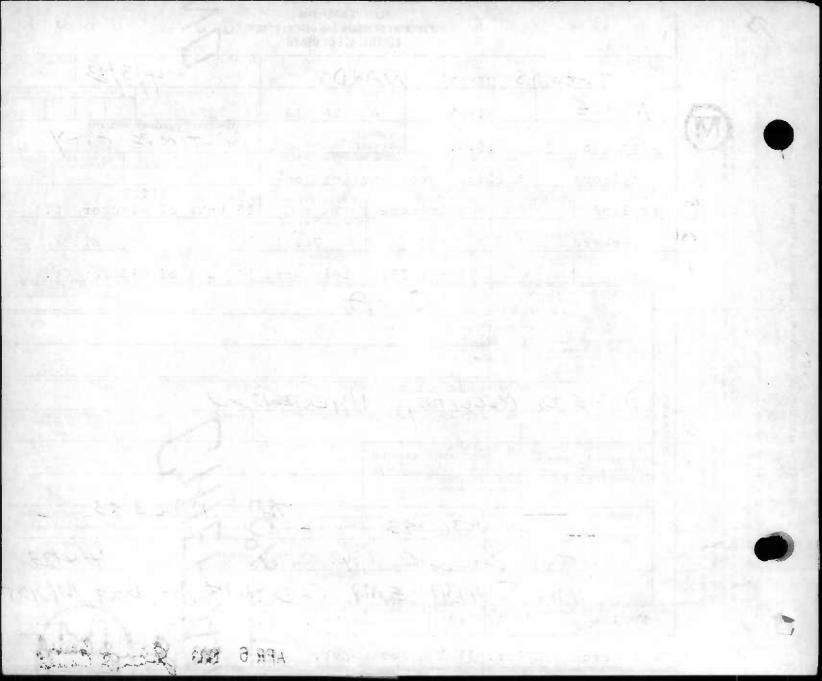
(VRA 15, 4)

	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		REG. NO.		0 3	6 3
		CEASED NAME FIRST	2	NRY	WA	RD	2a. DATE OF DE	ATH MO	4/3	183	2b HOUR M
K	3. SE.	MALE		ack	MONTH 4	DE BIRTH 30 14	6. AGE (IN YEARS		YRS.	NTHS. DAYS	IF UNDER 24 HRS HOURS MIN.
13	7	IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia ITY OR TOWN OF DEATH	U.S	. A.	MARRIE	D NEVER MARRIED DIVORCED X	9. BALTIMORE OF ALL	TIM	1 ORE	CIT	MD.
30	J	Baltimore AL RESIDENCE (# NURSING HOME OR	Pimli	co Mano	r Nu	rsing Home	(TYPE OF WORK FOI	MOST OF W	ORKING LIFE)	INDUSTRY	F BUSINESS ON
35	13a. S M a	aryland 136 COUN		Baltin	VN	13d. INSIDE CITY LIMITS? YES X NO	13. STREET ADD	ILLOS	21207 E Win		Ct.
pol			MED FORCES?	Ward	IRITY NO	Pearl 17. INFORMANT		ADDRESS		Mi	
e medic			E WAR OR DATES)	156-12-		Lois Ward	12 Duk	e of	f Win		
y, ar other traumatic event,		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT A Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (Conditions)	D BY: E CAUSE (o) DUE TO, O (b) DUE TO, O (c)	R AS A CONSEOU	ENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE O	RCONDIT	ION GIVEN		MATE INTERVAL MSET AND DEATH
as ony inlan	CERTIFICATION	19a. DATE OF OPERATION	ME	LITUS		HYPERTEN. NWAS PERFORMED	SOU AUTOPS	/? 2 II	Ob. IF YES, V N CERTIFYII	WERE FINDIN	GS USED OF DEATH?
9		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.		AY YEAR	21c. HOW INJURY OCCURP		OF INJURY IT	YES		NO 🗌
marked ar	MEDICAL	21d. INJURY OCCURRED WHILE ON NOT WHILE OF WORK		REET, FACTORY, OFFICE,	FARM, ETC)	211. LOCATION STREET	CI	TY OR TOWN	, 2	COUNTY	STATE
frem ZI is m		220.1 certify that (1) (this happens aw the deceased alive an above, (1) (and the did not 22b. SIGNATURE				nd that in (my) (and apinion of	death accurred a	the date	and hour o		
±		22d. PHYSICIAN'S NAME (TYPE O	RPRINTS	und	ine.	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAI	N 🗆	4	4/83
A L		1AN	SU	NSHI	1EN	18. 620	RK. HE	Ave	o, Bo	107,1	10.21215

COUNTY

M dTATE

236 BURIAL, CREMATION, REMOVAL 236. DATE 4/8/83 236. NAME OF CEMETERY OR CREMATORY A'F BU'T US Mem. Pk. 236. LOCATION A'F BU'T US Mem. Pk. 236. DATE REC'D. BY REGISTRAR Wm C^{AME} March F/H Inc. 1101 OF E North Ave. APR 6 1983



1-	FOR STATE REGISTRAR	i A	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HY I FFICATE OF DEATH	GIENE 8 3	1 0	3 6 4			
	CEASED NAME FIRST		MIDDLE	1.1000	4/13/8 2	W. DATE OF DEATH MONTH DAY TEAM TE HOUR				
		4. RACE	HITE WHAT COUNTRY? 8.	E OF BIRTH DAY 3 - 31-09 RIED W NEVER MARRIED	6. AGE (IN YEARS LAST BETYGET) IF UNDER 3 YEAR FUNCER 24					
10. CI	TY OR TOWN OF DEATH	11. NAME OF I	WIDO HOSPITAL, NURSING HOM	WED DIVORCED	BOUT.	CUPATION THE KIND OF BUSINESS OR INDUSTRY FOOD				
	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL		GIVE RESIDENCE BEFORE ADMISSION DA ETA	13d. INSIDE CITY LIMITS?	373 DORESS	APT. 211	#21215			
4. FA	THER'S NAME JOSEPH	WIDDLE	KATZEN	15. MOTHER'S MAIDEN N. FIRST RACHAEL	AME	GREENB	ERG			
	VAS DECEASED EVER IN U.S. A (ES, NO OFFUNKNOWN) (IF YES, G	RMED FORCES?	3/6-28-40	17. INFORMANT LOUI	S WASE ADDR		#2121	15		
	PART I. DEATH WAS CAUS	DUE TO, O	Myocard	ofic cardio	tion, acu			-		
CERTIFICATION	PART 2. OTHER STEMPICANT PART 2. OTHER STEMPICANT IN DATE OF SPERATION	relore	Vascula	n accio	THE AUTOPSYT	10b. IF YES, WERE FI	NDINGS USED	_		
CAL	OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTEY MEDICAL EXAMINE 218. INJURY OCCURRED WOLL OF MOTOR AT MOST OF THE PARTY OF	ATH HOUR A.	M. MONTH DAY YEA M. 11 DF INJURY DEET, PACTORY, OFFICE, FARM, ESC.	OR .						
	-	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT OCCUMENTATION THE DATE OF OPERATION	PART I. DEATH WAS CAUSED BY:	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER STENSICANT CONDITIONS CONTRIBUTING TO DEATH OF CONDITIONS CONTRIBUTING TO DEATH OF CONDITIONS CONTRIBUTING TO DEATH OF CONTRIBUTING TO CONTRIBUTING TO DEATH OF C	PART I. DEATH WAS CAUSED BY:	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER STONFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CON THE DATE OF OPERATION THE ACCIDENT WAS UNDERLYING TO THE THE THE OF INJURY HOUR AM. MONTH DAY YEAR (I) ETHER, MOTEV MEDICAL EXAMINER; THE MURT OCCURRED THE MURT OCCURRED THE MURT OCCURRED THE PLACE OF INJURY INTERNAL DISPASE OF INJURY INT	18 CAUSE OF DEATH LENter only one cause per line for 101, (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS ALCONSEQUENCE OF OUT OF OR AS A CONSEQUENCE OF Underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost. (c) PART 2. OTHER STONFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART THE DATE OF OPERATION 18. COURSE OF INJURY OF CONTRIBUTING CAUSE OF INJURY OF CONTRIBUTING CAU	18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. (c) PART 2. OTHER STENNICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER STENNICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER STENNICANT CONDITIONS FOR WHICH OPERATION WAS PERFORMED 118. ACCIDENT WAS UNDERLYING OR OF CONDITION FOR WHICH OPERATION WAS PERFORMED 119. ACCIDENT WAS UNDERLYING OR OF CONDITION FOR WHICH OPERATION WAS PERFORMED 119. ACCIDENT WAS UNDERLYING OR OF CONDITION FOR WHICH OPERATION WAS PERFORMED 119. ACCIDENT WAS UNDERLYING OR OF CONDITION FOR WHICH OPERATION WAS PERFORMED 119. ACCIDENT WAS UNDERLYING OR OF CONDITION FOR WHICH OPERATION WAS PERFORMED 119. ACCIDENT WAS UNDERLYING OR OF CONDITION FOR WHICH OPERATION WAS PERFORMED 119. ACCIDENT WAS UNDERLYING OR OF CONDITION FOR WHICH OPERATION WAS PERFORMED 119. ACCIDENT WAS UNDERLYING OR OF CONDITION FOR WHICH OPERATION WAS PERFORMED 119. ACCIDENT WAS UNDERLYING OR OF CONDITION FOR WHICH OPERATION WAS PERFORMED 119. ACCIDENT WAS UNDERLYING OR OF CONDITION FOR WHICH OPERATION WAS PERFORMED 119. ACCIDENT WAS UNDERLYING OR OF CONDITION FOR WHICH OPERATION WAS PERFORMED 119. ACCIDENT WAS UNDERLYING OR OF CONDITION FOR WHICH OPERATION WAS PERFORMED 119. ACCIDENT WAS UNDERLYING OR OF CONDITION FOR WHICH OPERATION WAS PERFORMED 119. ACCIDENT WAS UNDERLYING OR OF CONDITION FOR WHICH OPERATION WAS PERFORMED 119. ACCIDENT WAS UNDERLYING OR OF CONDITION FOR WHICH OPERATION WAS PERFORMED 119. ACCIDENT WAS UNDERLYING OR OF CONDITION FOR WHICH OPERATION WAS PERFORMED 119. ACCIDENT WAS UNDERLYING OR OF CONDITION FOR WHICH OPERATION WAS PERFORMED 119. ACCIDENT WAS UNDERLY OR OF CONDITION FOR WHICH OPERATION WAS PERFORMED 119. ACCIDENT WAS UND		

TO FUNERAL DIRECTOR: After this certificate has been signe should be detached for use as the burial-transit permit. Then pl with the State Dept of Health and Mental Hygiene prior to bur TENDING PHYSICIAN: The lo TO HOSPITAL BP. (VRA 15, 4)

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IMPORTANT: If hem 21 is marked or

DHMH - 16 50M 4/82

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL APR. 15, 1983 24 FUNERAL DIRECTOR SOL LEVINSONGBROS., INC. 6010 ADDRESS MD 2

LEVENSON, M.D.

23c. NAME OF CEMETERY OR CREMATORY HAR SINAI

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OWINGS MILLS

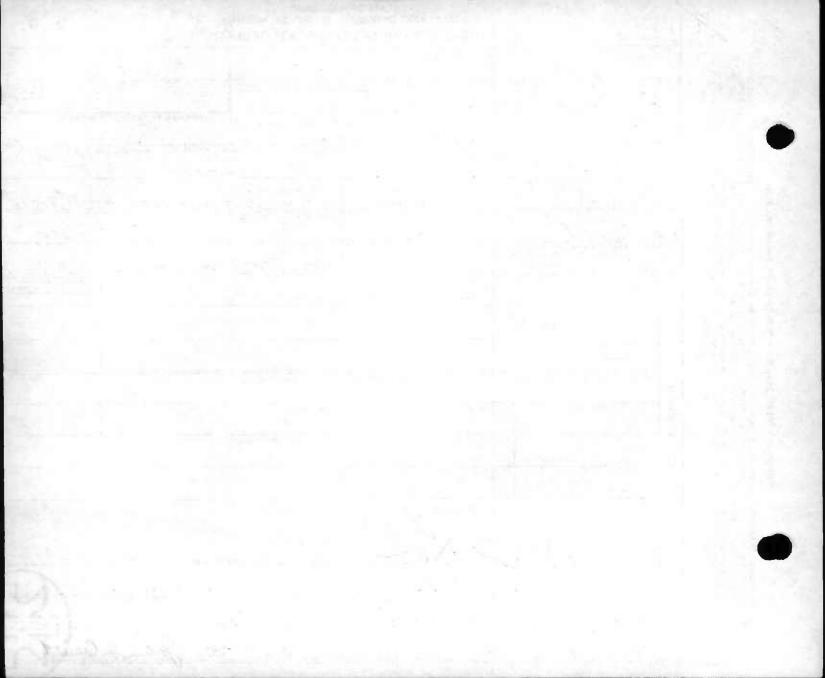
ADDRESS LEVINDALE - BALTO., MD

MEDICAL STAFF

BALTO.

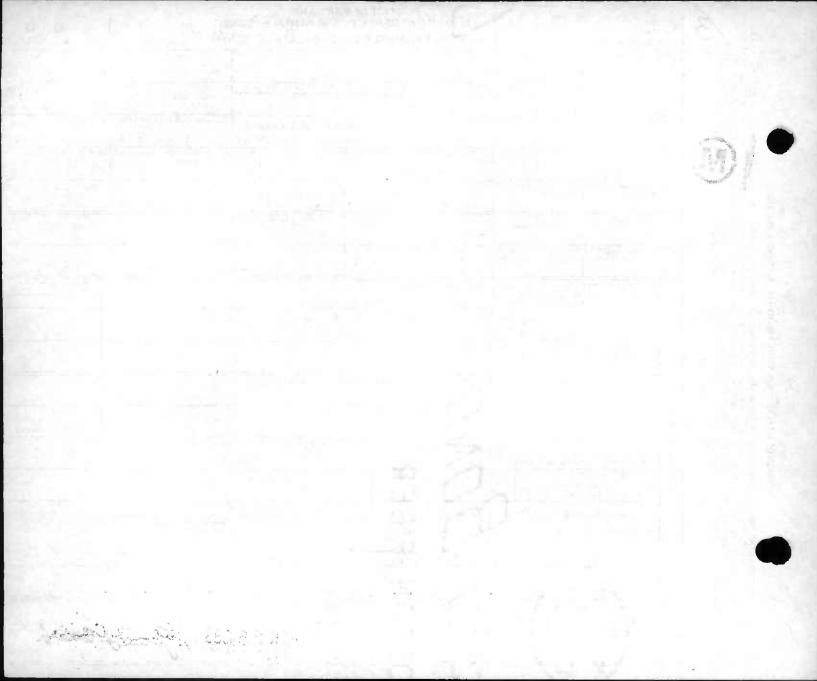
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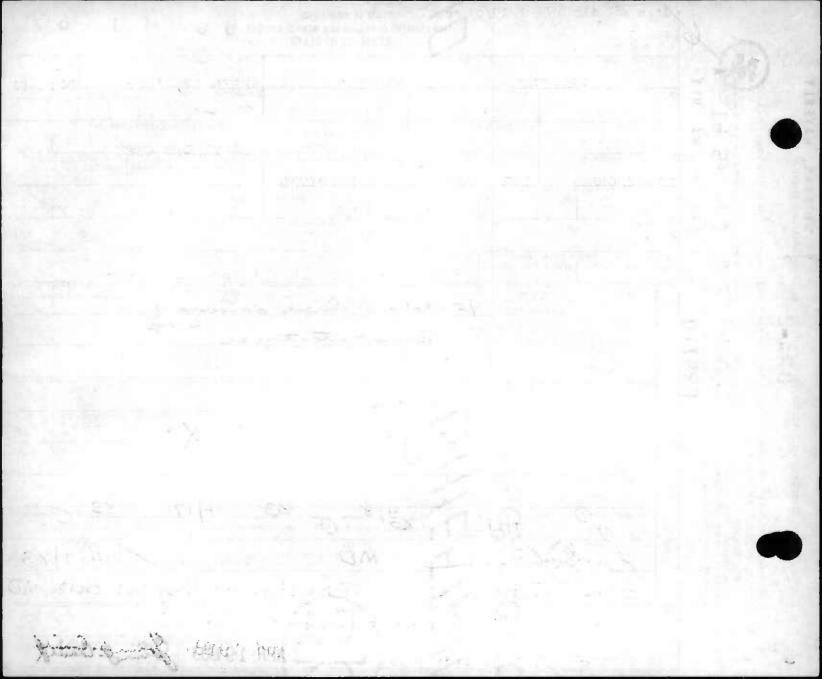


	(CO
D. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEFINERED EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2 AND OFFER PAGE 4 SHOULD BE TORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAGE 18 AND SHOULD BE USED AS A BURIAL. PRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL. PRANSIT PRIMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL. PROMISE, PIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH PECOR BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL. CREMATION, OR REMOVAL.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	S AFTER DEATH GIVE PAGES 1, ITH FORM PM PAGES 1 AND IVISION OF THE
PRESTON ST.,	THIN 24 HOUR CIL IN ITEM 18. JER ALONG W ANSIT PERMIT. AL HYGIENE, D REMOVAL.
ORDS, 201 W.	E EXECUTED WI DING" IN PENG DICAL EXAMIN A BURIAL - TRI TH AND MENT EMATION, OR
OF VITAL REC	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HC EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERM AFTER DEATH, UNIT THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
DIVISION	E, WRITING TH WARDED TO PAGE 3 SHOU STATE DEPARY 21201 PRIOR
	LEXAMNER: TE CERTIFICAT OULD BE FOR AL DIRECTOR: TH, WITH THE.
	TO MEDICA EXECUTE THE PAGE 4 SH TO FUNERA AFTER DEAT BALLIMORE

	CEASEL PE OR PRIN	NAME	FIRST		MIDI	DLE		LAST	20.	DATE KNO	NW X	MONTH	DAY
(111	PE OR PRIN	')	Norma	n	N	J	Wa	aters		DEATH MA	TED	4	16 19
3. SE	Х	4.	RACE	5. DATE OF E	BIRTH	6 AGE (I	IN YEARS IF UN	DER I YR. IF UNDE		DATE)	MONTH	OAY
_	Male		Black		10 1	3 70	YRS.	HOURS HOURS		DEAD		4	16 19
-₹ã. B	OREIGN CO	CE (STAT	TE OR	76. CITIZEN	OF WHAT (COUNTRY?	8. MARR	IED NEVER MARI	RIED 9.	BALTIMORE	CITY OR	COUNT	Y OF DEA
10.6	ITY OD 1	MD	DEATH		USA		WIDOV	VED DIVOR		Baltim	ore (City	12b KIND
				(IF NOT IN S	SUCH FACILITY,	GIVE STREET ADORE	ISS)	1EK INSTITUTION		L OCCUPATION OF WORKING		F WORK	OR IN
		IMOT	E IN NURSING HOME	OR OTHER INSTITUT	Roset			<u> </u>					
13a N	ID		136 COUN		13c	CITY OR TOW	'N	13d. INSIDE CITY LIMITS? YES ₩ NO		T ADDRESS	1	C	212
14. F.	ATHER'S	NAME					DI G	15 MOTHER'S MAID		Rose		'l'e:	rrac
	Fra	nk		MIDDLE	Conn	IOTS		FIRST		MIDDLE			LAST
16a. \	MACDE	CEACEDI	EVER IN U.S. AR	MED FORCES?	7 16h	SOCIAL SECU		17. INFORMANT			DDRESS		
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	18. C	AUSE OF I	DEATH (Enter ar	nly ane cause p	er line far (a), (b), and (c).)						APPRO BETWEEN
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MEDICAL CERTIFICATION	PART 2 19a. D 21a. E) UNDE CONT 21d IN WHILL AT W	OTHER SIGN ATE OF O (TERNAL RLYING RIBUTING OCCUPING OC	PERATION CAUSE WAS OR CAUSE OF CURRED NOT WHILE AT WORK	(c)	ORATH BUT NO ONDITION ME OF INJU R A.M. MC P.M. LACE OF IN ET. FACTORY, F	FOR WHICH O URY ONTH DAY Y 19 UURY (ATHOM	TERMINAL DISEAS OPERATION W ZEAR ZIL H ZEAR Autop	OW INJURY OCCURR DCATION STREET	CO LENIER NAT	Inquiry X	and		YES
MEDICAL CERTIFICATION	PART 2 19a. D 21a. E) UNDE CONT 21d IN WHILL AT W	OTHER SIGN ATE OF O (TERNAL RLYING RIBUTING DORK	PERATION CAUSE WAS OR CAUSE OF CURRED NOT WHILE AT WORK	(c)	ORAIN BUT NO ONDITION ME OF INJU R A.M. MC P.M. LACE OF IN ET. FACTORY, F	FOR WHICH O	TERMINAL DISEAS DEFENDING TERMINAL DISEAS VEAR 210 H	OW INJURY OCCURR OCATION STREET OSY , Inspecti	CO LENIER NAT	CITY OR TOWN	and	cou	YES
MEDICAL CERTIFICATION	PART 2 19a. D 21a. E) UNDE CONT 21d IN WHILL AT W 22. deat	OTHER SIGN ATE OF O CTERNAL REYING RIBUTING JURY OCE ORK 1 Certify h resulted	PERATION CAUSE WAS OR CAUSE OF CURRED NOT WHILE AT WORK	(c)	ORAIN BUT NO ONDITION ME OF INJU R A.M. MC P.M. LACE OF IN ET. FACTORY, F	FOR WHICH O URY ONTH DAY Y 19 UURY (ATHOM	TERMINAL DISEAS OPERATION W ZEAR ZIL H ZEAR Autop	OW INJURY OCCURR OCATION STREET OSSY , Inspection It does not be a second of the control of t	an , Undetern	Inquiry X	and	cou	YES
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		6	tem #6 ilm G57 - STATE REGISTRAR	9 5/19/8		ENT OF H	OF MARYLAND ALTH AND MENTAL HYO CATE OF DEATH		10;	3 6 7
	Yall		DECEASED NAME FIRST	MI	DDLE	Li	ST	REG. NO	D. MONTH DAY YEAR	R 26 HOUR
>-	Charges !	- "	YPE OR PRINT) WAVE I	PT.V		WATK	TNC	APRTI, 17	1983	02 · 25 m
S	-	3.	SEX	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT		EAR IF UNDER 24 HRS
tui Te		ted 22	Male	Bla		10		70 71	YRS.	
-45	# 25 A	120	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W		MARRIED	X NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
	to the		Carolina CITY OR TOWN OF DEATH		S.A.	WIDOWE	O DIVORCED DIVORCED	BALTTMOS	E CITY	MD.
97 G	y the	231。	ALTIMORE		FACILITY, GIVE STREET A		HOSPITAL	(TYPE OF WORK FOR MOST OF		
T &	24 hours	26 13	UAL RESIDENCE (IF NURSING HOME COSTATE 136 COU	R OTHER INSTITUTION G	IVE RESIDENCE BEFORE 3c. CITY OR TOWN Baltin	ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO □	13e. STREET ADDRESS	Central A	21202
MARYLAND	ih thin	35 - 14	FATHER'S NAME	wasis			15. MOTHER'S MAIDEN NA	ME		
MAR	and and	201	Macon	WIDDLE	Watkins	5	Ruth	WIDDLE	We	ebb
ORE,	Pages I	160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 1	66. SOCIAL SECUR		17 INFORMANT	ADDRE		
BALTIMOR	e be e cion o ers. Pa	-	INO II CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS		217-09=		Idonnie W	atkins 815		al Ave.
201 W PRESTONST.	s that the death certified by the attending places remove corbons riol, cremation, or remore or other troumotic eve	85740	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR DUE TO, OR DUE TO, OR (b) DUE TO, OR	AS A CONSEQUE	NCE OF	netoeto	Lu	20	
DS, 3	sign sign to bu	W	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE)ITION GIVEN IN PART	110
DIVISION OF VITAL RECORDS	he low re on. hos been t permit. I ene prior	2	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES []	
F VII	SICIAN: The physicic certificate riol-transit ental Hygie term 18 sho	46	OR COMPRIENTING CHIEF OF DE	HOUR A.M	MONTH DA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM TS PART T OR PART	2)
VISION	G PHYS offendir er this s the bu and Medor	1 ASOLA	(IF EITHER NOTIFY MEDICAL EXAMINI 214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O		IP ARM_ETC)	211 LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
ā	A P S S S S S S S S S S S S S S S S S S		22a.1 certify that (1) this hosp saw the deceased alive a above (1) (we) (did) (did n					death occurred on the do		
	Dy the hosping the hosping the hosping the hosping that DIRECT detached for the hosping th		27h SIONATURE	Roma		^		MEDICAL STAF	F / 11	17 83
	TO HOSPITAL retained by the TO FUNERAL should be detain with the State MAPORTANT: If	1	Eric	Johns			Johns Ho	/	spital. E	Belto, MD
	BP	23	BURIAL CREMATION, REMOVA	1 236. DATE 4/21/	83 × N	ame of ce lount	METERY OR CREMATORY Calvary Ce	em Baltim	ore County	STATE Md.
	DHMH - 16 50M 4/82	2	FUNERAL DIRECTOR	/	ADDRESS		I AD	E REC'D. BY REGISTRAR		
	(VRA 15, 4)	-	Wm C March F/	H Inc.	1101 E	Nort	h Ave- I			



	10	1.	REGISTRAR			CERTIFIC	CATE OF DEATH	REG. N	Ю.		
oge 3			CEASED NAME FIRST OR PRINT)	ABEL I	L U	IATE	BON	20. DATE OF DEATH Apri	MONTH DAY	Y YEAR 83	26. HOUR 1234PN
po of the d	-	3. SEX	FEMALE	Black		5. DATE OF MONTH	14°, 19°5	6. AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
(1)	10	No	RTHPLACE (STATE OR FOREIGN DUNIRY) rth Carolir	na U.S.A		WIDOWED		Baltimore City of Baltimo	ore, C	ity	MC
by the filed wit	notifie 7	BA	ALTIMORECI	TY PROVIDE	HEACIUTY GIVE STREET	PHAL	BALTIMORE	ON USUAL OCCUPAT OTYPE OF WORK FOR MOST Domest	OF WORKING LIFE)	Dome	
ly filled in by t should be filed	en 35	13a. S	al residence (if nursing how tate ryland Bal	ounty Cit;	Baltin	ore	13d. INSIDE CITY LIMITS? YES NO [13e. STREET ADDRESS 2306 N	Long	wood :	216 St.
ompletely 1 and 2 sl	examine (14. FA	Thomas	MIDDLE	Watson		Effie	WIDDLE		Marv	
n and co	medicol	160. V	VAS DECEASED EVER IN U.S res, no grunknown) (IF yes NO	ARMED FORCES?	166. SOCIAL SECUI 118-14-		Evelyn W.	Jackson 2			216 gwood
Hending physicia	on, of remakor. umotic event, the		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA IMME Conditions, if ony, whice	DIATE CAUSE (a) DUE TO, O	R AS A CONSEQUE	dia	e arri	est		BETWEENO	MATE INTERVAL NSET AND DEATH
ed by the a	or other tro		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OI	RASPICONSEQUE	eble		ry fibre			
on. hos been sign t permit. Then	owe any injury.	CERTIFICATION	190 DATE OF OPERATION	1			WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES,	WERE FINDIN	GS USED
ng physic certificate rrial-trans	Item 18 st		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O {IF EITHER, NOTIFY MEDICAL EXAM	DE DEATH HOUR A.	m, month da m.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PAR	T T OR PART 2)	
offendir frer this os the bu	orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
CTOR: A	n 21 is m		220.1 certify that (I) (this I saw the deceased aliv obove, (I) (we) (did) (d	e an 4-1	- 192		I that in (my) (our) opinion	death accurred on the a	late and haur c	and from the c	
y the ho RAL DIRE detached	ANT: If Her		Sher W	sal Ha.	shmi	M	ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN 🛛	4-7-	-1983
o FUNE	WPORTAN		SHER AF		SHMI		PROVIDENT	HOSPITAL	-BAL	TIMOR	REMO
- N	> 5	230 F	LIPIAL CREMATION PEAC	VAL 236 DATE	23c N	AME OF CE	METERY OF CREMATORY	23d LOCATION			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

O HOSPITAL

24 FUNERAL DIRECTOR

236. DATE

230. BURIAL, CREMATION, REMOVAL Burial

23d. LOCATION

23c NAME OF CEMETERY OR CREMATORY

COUNTY

Green Mount Crem Baltimore City.

1250. DATE REC'D. BY REGISTRAN 256. REGISTRAN S. Maryland SIGNATURE

William E. Johnson 8521 Loch Raven Bl.

Apr. 8,83

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	4112			3 4 6.	
e in a contra	s 10		pully		

executed within 24

ITENDING PHYSICIAN: The low requires that the death certificate be

etained by the hospital or attending physician.

TO HOSPITAL

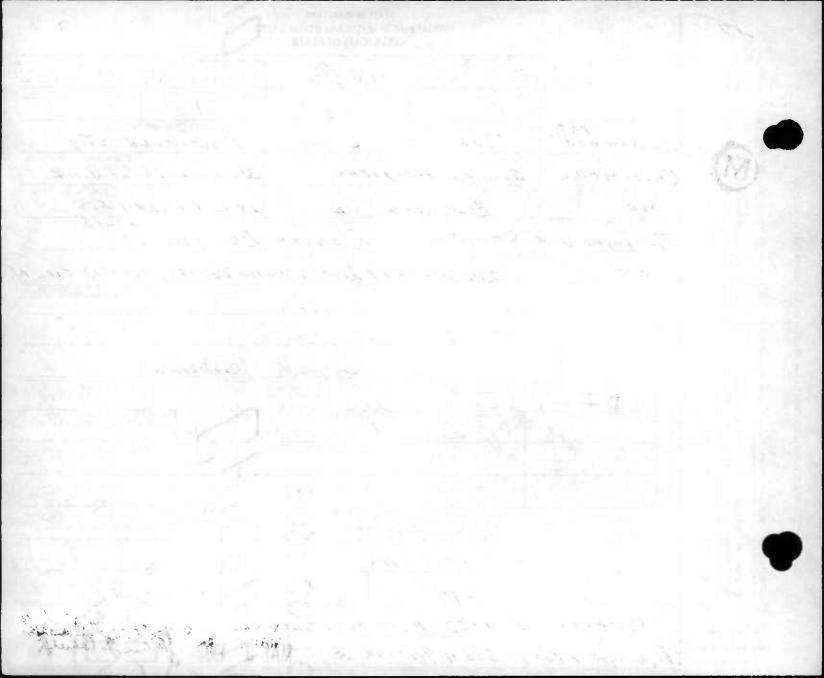
BP.

				STATE OF MARYLAND		0 9 6 0
10	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 3	0 3 6 9
eoth eoth		CEASED NAME PIRST	es C.	WEBB		83 1009
irs after d	3. SE	× Q	I. RACE B	S. DATE OF BIRTH	6. AGE (IN YEARS (AST BIRTHDAY) YRS.	IF UNDER) YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
The Bo	13.	BLYIMOR8	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	and the second second
M)	5	SATIMORE	(IENOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE LIFE MY MARKET AND MEN	126. KIND OF BUSINESS OR E) INDUSTRY
filled hould b		AL RESIDENCE (IF NURSING HOME OR OF TATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOW	VE YES NO [130. STREET ADDRESS 2842 CAKLA	y 800715
ompletely 2 s	R		IDDIE COOPER		Beickwors	L / 2 / 3 G
s. Pages		VAS DECEASED EVER IN U.S. ARN YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES!	17 INFORMANT 1598 LINDA WE	ADDRESS ISB 287/FDCE	
g physical onpaper removal.		PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), on BY: CAUSE (o)	potersion		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
offendin nove corb offion, or i roumofic		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	Kie shoe	<u>k</u> .	
d by the leose rem iol, cremo		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	is metelocytes	Ceelemia	
tt. Then p for to bur	CATION	DIC,	Oribetts	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	INAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
core hos by onsit permit Hygiene pr	CERTIFICA	190 DATE ON OPERATION 4 12 33 210, ACCIDENT WAS UNDERLYING	01,01	und Certostroph	INCERTIF	YING CAUSES OF DEATH?
certifi miol-tr entol	MEDICAL C	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	LIQUID A M. MONITH D	AY YEAR 19 211 LOCATION	ED (ENTER NATURE OF INJURY IN TIEM 18 P	ARTTORPAREZ)
After this ie os the bu ofth ond M morked or	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
ECTOR: ad for use at. of Heo im 21 is n		22a.l certify that (I) (this hospite sow the deceased alive an obove, (I) (ve) (did) (tild not 22b. SIGNATURE	view the body after death.	, and that in (my) (our) dounion of	death occurred on the date and hou	19, that (I) we lost r and from the couses stated
ERAL DIR e detoche State Dep		22d. PHYSICIAN'S NAME (TYPE OR	cebay	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	4/29/8
TO FUNE should be with		7.0	SABAY	teres	i Horp	ital
	23a. I	BURIAL CREMATION, REMOVAL	23b. DATE 23c.1	NAME OF CEMETERY OF CREMATORY	23d LOCATION CITY OR TOWN ALA	COUNTY M D STATE

Wantfast A Llarger [35 yough / non St

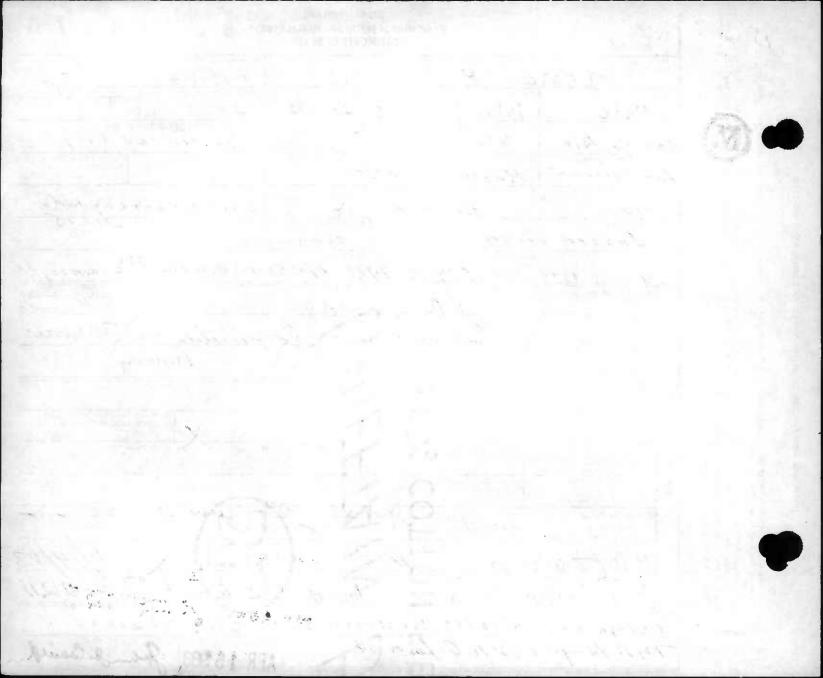
DHMH - 16 50M 4/82

(VRA 15, 4)



(VRA 15, 4)

2	1.	FOR STATE	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 3	1037
-	1. DE	REGISTRAR EASED NAME FIRST OR PRINT) LS 340	MIDDLE .	CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH 4-14-8-3	DAY YEAR 26. HOUR
	3. SE	Male	Black.	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	
1)40	Le	E Co Ala.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED DIVORCED DO HOME OR OTHER INSTITUTION	9. BALTIMORE CITY OR COU	NTY OF DEATH 12b. KIND OF BUSINE
90	13	AGFINUTE	THER INSTITUTION GIVE RESIDENCE BEFORE	ADDRESS	(TYPE OF WORK FOR MOST OF WORKIN	
85	130. 8	TATE MILLOUNT	Sal Fina	N 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	vriey Rd
300		JOSEPH W		Mayno	MIDDLE	LAST
medica		AS DECEASED EVER IN U.S. ARMI ES, NO OR UNKNOWN) (IF YES, GIVE V		7-9925 MASE	ADDRESS Ly~ B. WEBA	GRANTLE
Then please remove cost rabbuses, or rab bussel, cremantes, or injury, or other traumatis	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO	DUE TO, ON A CONSEQUE (b) DUE TO, ON A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	erefella de	Generation Sen Progre	_/
f permit	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEAT YES NO
entol Hyg	MEDICAL CES	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
th and M arked or	WED	216. INJURY OCCURRED	21s PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F)	0 10 0	CITY OR TOWN	COUNTY 51
detoched for use tote Dept. of Heal VT. If Nem 21 is m	8	22st certify that this haspital saw the deceased alive on obove, (i) (ser) (did) (distant). 22st SIGNATURE	Cegril 19 103	, and that in (my) (or apinion DEGREE ATTENDING PHYSICIAN	death occurred an the date and MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the couses sta
+ 5 5 1		A STATE OF THE PARTY OF THE PAR				
MPORTA		URIAL, CREMATION, REMOVAL	Wels, Vr.	1220. ADDRESS KESAY AK DIAME OF CEMETERY OR CREMATORY	00 W 40th	Bath 210



			I. DECE
24 hours offer death. Page 4 may be	illed in the the function director, page 3 and be filled within 72 hours offer death	Must be needed at one	1. DECE (TYPE O) 3. SEX 70. BIRTI CO Mag 10 CITY Bal USUAL 13a ST. 14 FATI
(M	and completely of	odice magness	
PHYSICIAN. The low-requires that the death certificate by executed physician.	ths centrate has been signed by the untuiting physician and concellate. Miled in by the funeral director, page 3 septical from the press remove carbonaders. Popus Paud 3 includes that within 72 hours ofter death and Mental Wigness are to buriol, crematian as removal.	d or than 18 shows any injury, or other traumatic event, the m	AEDICAL CERTIFICATION

FOR STATE REGISTRAR

STATE OF MARYLAND		
DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE	8

3	3	1	0	3	7	
	DEC NO			9		

APR 1 1983 REGISTRAR'S SIGNATURE LEGISTRAR'S
1							KLG. I	.0.			
	DECEASED NAME FIRST		MIDDLE	L	AST		20 DATE OF DEATH	MONTH DAT	YEAR	26 HOUR	_
1.		RLES	H.	WEE	RER		APRIL 7.	1983		No.	
2	SEX OTTA.	4 RACE	11.	5. DATE O			6 AGE (IN YEARS LAST BI				M
3				MONTH		YEAR	AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HR	_
L	Male	Whi	te	Apr			58	YRS			
70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CITY		FDEATH		_
	COUNTRY)	TT C			NEVER N	ARRIED -					
1	Maryland	U.S		WIDOWE		ORCED 🗌	Baltimo		У	Λ	AD.
10	CITY OR TOWN OF DEATH	III. NAME OF	HOSPITAL, NURSIN	NG HOME O	R OTHER INST	ITUTION	120 USUAL OCCUPAT	ION	126. KIND O	F BUSINESS C	R
LE	Baltimore	Home	= 3814	St.	Marga	ret Si	Carpent	er	ST	eel	
	UAL RESIDENCE (IF NURSING HOME						1	-			-
130	1 STATE 13b COL	YINL	13c CITY OR TOW	/N 1	13d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS		-1/	1	
4	Md.		Balto.		YES X	NO 🗌	3814 St	. Mare	garet	Stree	t
14.	FATHER'S NAME				15. MOTHER'S	MAIDEN NAM					
1	FIRST	MIDDLE	LAST		1	FIRS1	MIDDLE		LAS!	T	
4	William		Weber		=						
166	WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	166 SOCIAL SECU	JRITY NO.	17 INFORMAL	NT	ADDR	ESS			
			218 18	9219	Glor	ia Web	ber same	as 13	3 e		
-	T				uzoz.	7	T T DELINO	40 1		A VE DAVE CO.	_
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	only one cause per SED 8Y	line for (a), b an	gd (C)	. 1	1	1 12		BETWEEN	MATE INTERVAL DISET AND DEATH	-
		ATE CAUSE (a)	HOULD.	MALAN	1 (TONO)	3111	MUMBER				
1	4100			- 1/	Jan a.	1					
1	1,00	DUE TO, O		1100		March	Mariana	Var lis	10		
1	Conditions, if any, which gove rise to immediate	(b)	LIMIAN	Decin	JN AC	Cono	Molascy	WY CW	MAL.		
	cause (a), stating the	S DUE TO O	R AS A CONSEQUI	ENCE OF					1		
	underlying cause last.	1000.0	N AS A CONSECU	LINCLOI							
		(c)									=
12	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT I	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART Ira	,	
CERTIFICATION											
1 <	198 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATION	WAS PERFOR	RMED	20g AUTOPSY?		VERE FINDIN		_
I									NG CAUSES	OF DEATH?	
- 2							YES NO	YES [NO 🗌	
1 2			FINJURY M. MONTH D	AV VEAD	21c. HOW INJ	URY OCCURRE	ED (ENTER NATURE OF INJL	RY IN ITEM 18 PART	ORPART 2)		
14	OR CONTRIBUTING CAUSE OF D	LAIII		19							
MEDICAL	21d. INJURY OCCURRED	21e PLACE		19	211 LOCATIO	N =					_
3	WHILE NOT WHILE IT		EET, FACTORY, OFFICE, F	ARM, ETC }	STREET		CITY OR TO)WN	COUNTY	STATE	
1	AT WORK NOT WHILE			1	1		1	4			
1	22a. certify that - (this has	pital) ottended th	e deceased fram	2/1		10 83	10 3 /	10	स्थ.	these (1) funel to	-4
	saw the deceased alive o		10		d that in (my) (one opinion d	eath accurred on the d		0 0	1101 (1) (we) 10	51
	abave, (1) (we) (did n	atı v w Ve bady	after death.		a mar m (my) (opinion of	earn accorred on the a	are one neur a	na fram the c	auses stated	
1	226 SIGNATURE	1.1	-0	D	DEGREE				22c. DATE S	SIGNED	_
1	1	Sinla	CMA	A	IA CLI	TENDING	MEDICAL STA	FF	1 0	0.2	
1	22d. PHYSICIAN'S NAME LIVE	OR PRINT)	Dried.	1	22e ADDRESS		DIRECTOR PHYSIC	IAN Y	4-8-	03	_
	TIE THE SICIAIN STAMME (TIPE	OA PRINTI			THE ADDRESS	S.B.G	. Н.		212	30	
	R. Siritha	ara, M.	D.		3001		over Str	eet Ra			
230	BURIAL CREMATION REMOVA			NAME OF CE	METERY OR C		23d LOCATION	-cc, Da	100.	LID	=
	(SPECIEY)						CITY OR TOWN		OUNTY	SLATE	
1	Burial	4/11/	03 [6]	en Ha	wen M	em Pk	Glen Bu	rnia /	Δ	Md	

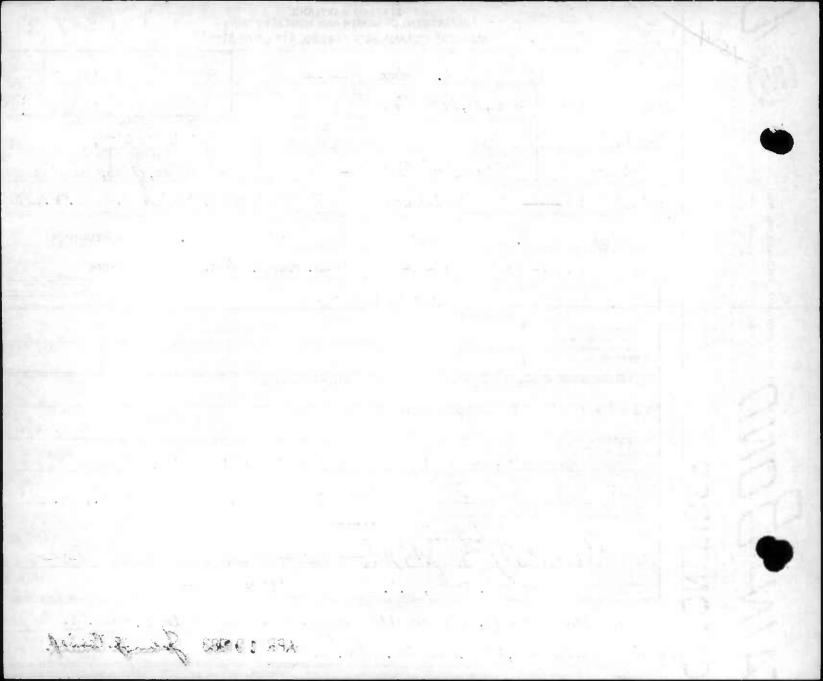
BP_____ DHMH - 16 50M 1/81 (VRA 15, 4)

George J. Gonce 4001 Ritchie Hgwy

O FUNERAL DIRECTOR, Ah hould be detached for use as with the State Dept. of Health disable of the control of the contro

I'm wit

Terrer v. case 4021 Attotle News - 10 Lien create terrer add.



-	1	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 3	1 0	3	7 3
		CEASED NAME	ARAh	4100IM	WEE	den	20 DATE OF DEATH		83	12 36 A M
	1. SE	Female	4 RACE	Black	2 MONT	OF BIRTH 7 0 7	6 AGE (IN YEARS LAST	YRS.		IF UNDER 24 HRS HOURS MIN.
3	Î	IRTHPLACE (STATE OR FOR COUNTRY) Maryland ITY OR TOWN OF DEATH	U.	S.A. OF HOSPITAL, NURSI	WIDOWI	DI DIVORCED DOTHER INSTITUTION	Baltimo 12a USUAL OCCUPA (TYPE OF WORK FOR MOS	re City,		MD. F BUSINESS OR
5	USU/ 13a. S	altimore ALRESIDENCE (IF NURSING STATE 13 Aryland	De	Aton Med	ICA I E AOMISSION) VN	CENTER 134. INSIDE CITY LIMITS? YES IX NO []	13e STREET ADDRES	1		21201
Z		THER'S NAME Henry	WIDDLE	Armstro		15. MOTHER'S MAIDEN NAM	WE		LAST	
1		vas deceased ever in yes. no deunknown)	U.S. ARMED FORC		JRITY NO.	Sarah Bank		laymont	Ave	nue
		Conditions, if any, we gave rise to immedicate (a), stating underlying cause	MEDIATE CAUSE (c DUE To which diate the last.	O OR AS A COMPROS	ENCE OF	NOT RELATED TO THE TERM	MAL DISEASE OR CO	ONDITION GIVEN IN	PART 1(o	
7	CERTIFICATION	19a DATE OF OPERATIO	DN 196 CC	ONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b IF YES, WER IN CERTIFYING YES		
7	MEDICAL CER	710. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (18 EITHER, NOTIFY MEDICAL 214 INJURY OCCURRED	JSE OF DEATH EXAMINER) 21e. PL. (AT HOA	ME OF INJURY R. A.M. MONTH D P.M. ACE OF INJURY ME, STREET, FACTORY, OFFICE,	19 FARM, ETC.)	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN	-	OUNTI	STATE
/		22s.1 certify that (I) (II saw the deceased obove, (I) (we) (did 22s SIGNATUSE 12st JAYSICIAN'S NAM	cative of the fine i	od the discussed from	-	nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL ST	AFF SICIAN _	from the c	
/	23a. B	BURIAL CREMATION, RESPONDED	MOVAL 236 DAT 4/			CEMETERY OR CREMATORY CUS Mem. Pk.	23d LOCATION CITY OR TOWN Arbut	BALTS COUR		Md.

DHMH - 16 50M 4/B2 (VRA 15, 4)

74 FUNERAL DIRECTOR
NAME
Wm C March F/H Inc.1101 E North Ave

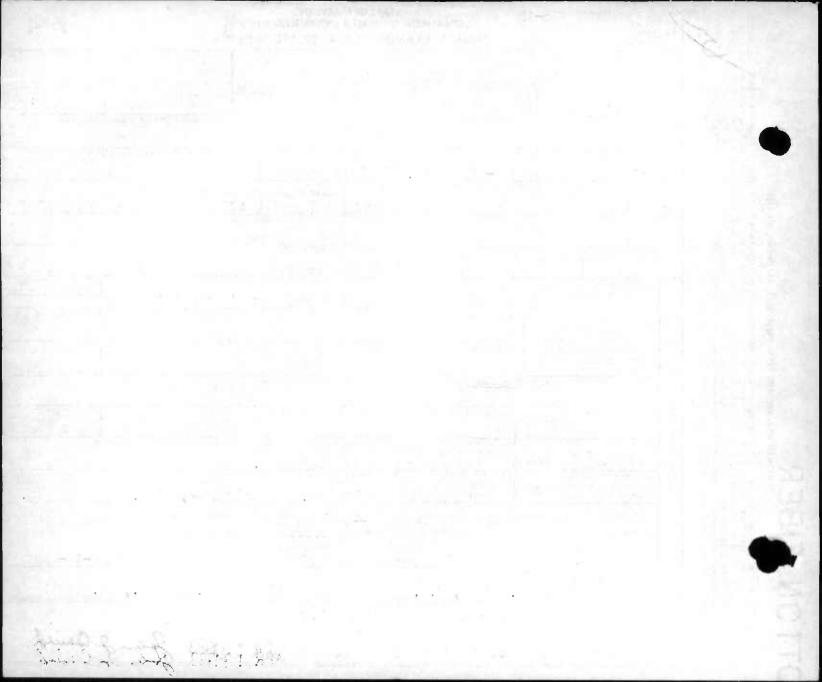
APR 5

250. DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

APR 5 1082 5. Lange Color

1	FOR UNKNOWN #83		MARYLAND H AND MENTAL HYGIE	NE 3 I	0 3 7 4
5/	REGISTRAR	MEDICAL EXAMINER'S		ATH REG. NO.	
	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN A	MONTH DAY YEAR 26 HOU
4	WILM	A Weeks (CONYERS)		4 14 19 83
3.	SEX 4. RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MC	JNDER 1 YR. IF UNDER 24 HRS	. 2c. DATE M	ONTH DAY YEAR 2d. HOU
	Female Black	6 17 54 28 YRS.	NTHS DAYS HOURS MIN	DEAD	4 14 1983 3:50
70	BIRTHPLACE (STATEOR	THE CHARLES OF THE PARTY OF THE	RIED X NEVER MARRIED	9. BALTIMORE CITY OR C	
7	FOREIGN COUNTRY) Maryland		WED DIVORCED	Baltimore C	ity
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR O	THER INSTITUTION 12a US	SUAL OCCUPATION (TYPE OF	WORK 126 KIND OF BUSINESS
4	Baltimore	auto - 3300 blk. Sincle	FOI	R MOST OF WORKING LIFE}	OR INDUSTRY
	SUAL RESIDENCE (IF IN NURSING HOME) I. STATE 136 COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? 13e ST	REET ADDRESS	
L	Maryland	Baltimore	YES X NO 1	706 Hartsda	le Rd. 21239
11	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
Y	Louis	Conyers	Margaret		Fox
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
	NO NO		4 Margaret C	onvers 1706	Hartsdale R
F	18 CAUSE OF DEATH (Enter pr	ly ane cause per line far (D), (b), Dnd (c).)	The second secon		APPROXIMATE INTERVAL
1	PART I DEATH WAS CAUSE	DBY: Gunchat wounds	of head & neck	(unspecified	Weapon)
	9654 IMMEDIA	DUE TO, OR AS A CONSEQUENCE OF	71 11000 G 110011	tanopoorriod	
	Canditions, if any, which				
	gave rise to immediate cause (p) stating the under-	(b)			
	lying couse lost.	DUE TO, OR AS A CONSEQUENCE OF			
		(c)			
1		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	ASE DR CONDITION GIVEN IN PART 1 (a)		
- 1	19g. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS BEDEODATEDS		20 AUTOPSY?
1 5	P. JAIL OF OFERATION	CONDITION FOR WHICH OPERATION	TASTERI ORMED:		
- 1	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	216 TIME OF INJURY 21c.	HOW INTERPOSED TO THE		YES 🗶 NO 🗌
		HOUR A.M. MONTH DAY YEAR	HOW INJURY OCCURRED LENTE	CHATUKE OF INJURY IN ITEM 18 PART	I OK PART 2}
1	CONTRIBUTING CAUSE OF		Subject shot.		
1 5	CONTRIBUTING CAUSE OF	STREET EACTORY EARLY STC	OCATION STREET	CITY OR TOWN	COUNTY STATE
1	WHILE NOT WHILE AT WORK	x auto 33	00 blk. Sinclai	r Lane, Balto.	Md.
1		ge af the remains described above, held an Aut	ppsy N. Inspection .	Inquiry , and in	my opinion
		rol couses , Accident , Suicide	7 (7)	etermined manner .	, - F
	Acoustic from 14010	Juicide E	TITLE (SPECIFY)		
	ACTUAL ACTUAL	NO NO	A ! - L L	516 11 57 11 7 7 7	DATE 4-14-83
	SIGNATURE		M.D. MEDITION ME	DICAL EXAMINER	SIGNED 1 1 1 0 0
4	EXAMINER'S NAME A	n M. Dixon, M.D.	ADDRESS 111 Pen	n St., Balto.	. Md. 21201
23	BURIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY	OR CREMATORY 123d. L	OCATION	
	BURIAL		e Cemetery Cit	Baltimore	Md.
	FUNERAL DIRECTOR		250. DATE REC'D. E	BY REGISTRAR 250 MGISTR	IAR'S SIGNATURE
		H Inc. 1101 E North	Ave. APR 1	8 1983	

STATE OF MARYLAND



STATE OF MARYLAND

Arrival .	
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0 3 7 5

	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 3	0 3 7 5
	1 DECEASED NAME FIRST (TYPE OR PRINT) ESTHER	MIDDLE W	EINSTEIN	SAT. APRIL 16,1	983 2b HOUR 7:30 AM
	FEMALE	* RACE WHITE	5. DATE OF BIRTH MYAN. 10AY 1902	6. AGE (IN YEARS LAST BIRTHDAY) 81 YRS.	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
0	COUNTARY LAND	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	L DALLIMIDE I	
1	BALTIMORE	6508 EBERLE DI	•	5 TYPE OF HOUSEWIFE KING LI	12b. KIND OF BUSINESS OR INDASTR'HOME
)	MARY LAND	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE JNTY 131. CITY OR TOW BALTIMOR	E 13d. INSIDE CITY LIMITS	6508 EBERLE DR.	APT. 304(21215
4	TSAAC	WEINSTEI	N FIRST SAI		LAZARUS
	16a WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU SIVE WAR OR DATES) 218-22-0		MRS. ETHERPFELLES THERN PARKWAY	APT. 218 #21210
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	S CV 1) -	RMINAL DISEASE OR CONDITION GIV	15 ym
2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. JIME OF INJURY	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED LYING CAUSES OF DEATH? S NO PART OR PART 2)
	OR CONTRIBUTING CAUSE OF SO THE EITHER, MOTHEY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	EALTHOUR A.M. MONTH DA	19 21f. LOCATION	CITY OR TOWN	COUNTY STATE
	27a. I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n	n 19 19 19 19 19 19 19 19 19 19 19 19 19	3, and that in (my) (aur) apinu	, to, to, an death occurred on the date and how	19 . that (I) (we) last ir and from the causes stated
	22b. SIGNATURE MM	ue Fildmy	DEGREE ATTENDING PHYSICIAN		22. DATE SIGNED 4-16-83
	22d PHYSICIAN'S NAME (TYPE	RLDMAN, JR.	22e ADDRESS 6610 CRC	OSS COUNTRY BLVD.	(21215)

23c. NAME OF CEMETERY OR CREMATORY
ANSHE EMUNAH

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendin should be detached for use as the burial-transit permit. Then please remove carb with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

IMPORTANT: If Item 21 is marked or Item 18 shows any

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

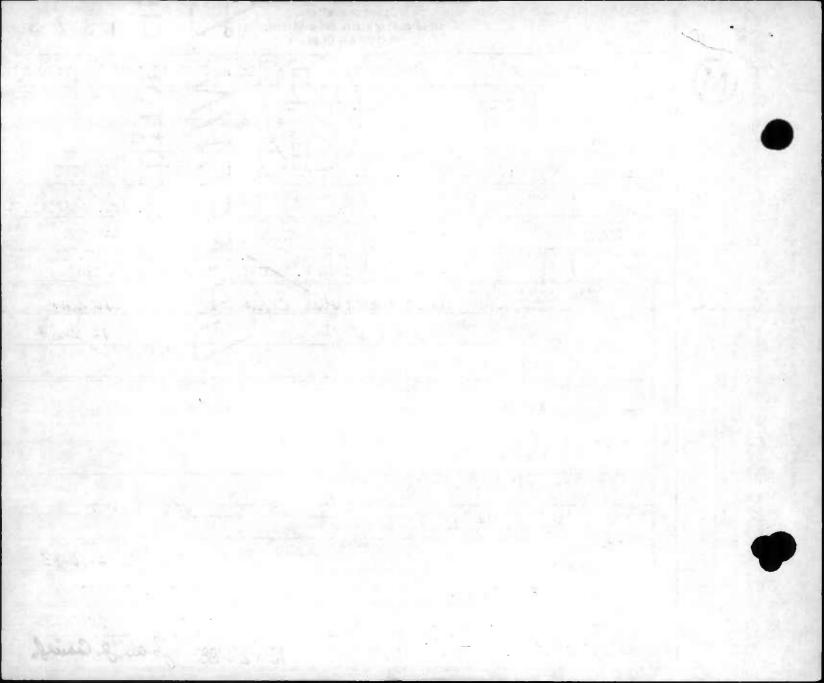
APR. 17, 1983 24 FUNERAL DIRECTOS OF LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTIMORE, MD, (21215)

BATTIMORE

23d LOCATION

COUNTY MARY LANDE

APR 20 1983



	1.	STATE REGISTRAR	DEPARTMENT OF HEALTH AND ME CERTIFICATE OF DEA	
		CEASED NAME FIRST	ZEL, EHEL	20. DATE OF DEATH MONTH DAY YEAR 2b. H
	3. SE.	Female	RACE S. DATE OF BIRTH	YEAR 80 YRS.
35		RTHPLACE (STATE OR FOREIGN 7 COUNTRY)	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MAI	RRIED Baltimore City or COUNTY OF DEATH
90	10. C	Balto.	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITU (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) DELOT (ONVALESATION)	JTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
35	13a. S	136 COUNT	Balto. (ity YES X) N	LIMITS? 13ª STREET ADDRESS
		ATHER'S NAME FIRST WILLIAM M		Anna E. hunt
medico	16a V	VAS DECEASED EVER IN U.S. ARM NO OR UNKNOWN) (16 YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	nie Tempera - 424 Margaret Ave.
100		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
injury, or amer troum	NOI	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO
ows only inlury, or	RTIFICATION	gove rise to immediate couse lost storing the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 196. CONDITION FOR WHICH OPERATION WAS PERFORM	200 AUTOPSY? 200 IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DI
injury, ar	CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 196. CONDITION FOR WHICH OPERATION WAS PERFORM 216. TIME OF INJURY 216. HOW INJU	XED 200 AUTOPSY? 206. IF YES, WERE FINDINGS U
snows any injury, ar	MEDICAL CERTIFICATION	gove rise to immediate couse (o.), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	DUE TO, OR AS A CONSEQUENCE OF (c) DIDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 196. CONDITION FOR WHICH OPERATION WAS PERFORM 1716. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY	200 AUTOPSY? 200 IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DI
if item 21 is morked of item 18 shows only injury, or		gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED The certify high (i) this base of the country of the country of the certify high (ii) this base of the certify high (iii) this base of the certificant	DUE TO, OR AS A CONSEQUENCE OF (c) DIDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 19b. CONDITION FOR WHICH OPERATION WAS PERFORM 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET Ond that in (my) (or	YED 200 AUTOPSY? 206, IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DI YES NO
snows any injury, ar	MEDICAL	gove rise to immediate couse (o.), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OSCONTRIBUTING AUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 3. ACCIDENT WAS UNDERLYING OSCONTRIBUTING COUNTRIBUTING COUNTRIBUTI	DUE TO, OR AS A CONSEQUENCE OF (c) DIDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 19b. CONDITION FOR WHICH OPERATION WAS PERFORM 19b. CONDITION FOR WHICH OPERATION WAS PERFORM 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET ATT. PH' 22e ADDRESS	AND 200 AUTOPSY? TOB. IF YES, WERE FINDINGS UND CERTIFYING CAUSES OF DIVES NO YES NO Y

STATE OF MARYLAND

alian mointe manifestation (bow disjour e for the court court of the co William . Will Appli de prode 1911 - Jan Tar Danie Concre - W. Janes and William describe a second of the secon Lote (, Willer mar HIT clair com-2120 Land injury, ar other traumatic

IMPORTANT: If Item 21 is marked

as the burial-transit permit. Then please remave control manual Hygiene prior to burial, cremation,

STATE OF MARYLAND

1-	STATE REGISTRAR			DEFARIN	CERTII	FICATE OF DEATH	REG. N	0.		
	EASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH		YEAR	2b. HOUR
11116		ARNOLD)]	EROME	WEL	SH	APRIL 9.	. 1983		10.29 A
3. SEX			4. RACE	+*		OF BIRTH	6. AGE (IN YEARS LAST BIR		DER 1 YEAR	IF UNDER 24 HRS
MF	ALE		WHITE		OCT.	4, 1917 YEAR	65	YRS.	HS DAYS	HOURS MIN.
70. BIR	THPLACE (STATE O	R FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8	14	9. BALTIMORE CITY		DEATH	
	eryland		U.	S.A.	WIDOW	ED NEVER MARRIED DIVORCED	CITY			MC
BA	Y OR TOWN OF DE		11. NAME OF (IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET, GNES HOSP	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF FOREMAN	OF WORKING LIFE) IT	26. KIND C NDUSTRY PAINT	OF BUSINESS OR
130. S1	ARYLAND	Ins COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW CATONSVI	N	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 1310 Blac	k Friar	s Rd.	21228
	THER'S NAME FIRST Joseph		MIDDLE	Welsh		15. MOTHER'S MAIDEN NAME FIRST	Elizat		Falk	-
	AS DECEASED EVE ES, NO OR UNKNOWN) Yes	R IN U.S. AR	MED FORCES?	16b. SOCIAL SECU 217-03-6		17. INFORMANT Caroline Wel		ESSCazons Black Fr		
S S	PART 2 OTHER SIG	SNIFICANT				NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	RE FINDIN	NGS USED
ERTIF	21a. ACCIDENT WAS U	NDERIVING F	7 21b. TIME C	SE INTUIDY		Tab. How blidgy occupa	YES NO	YES		NO [
	OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH DA	YEAR	21c HOW INJURY OCCURE	KED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
w	21d. INJURY OCCU	VHILE	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211. LOCATION STREET	CITY OR TO	JWN (COUNTY	STATE
			tal) attended th		7	nd that in (my) (owr) apinian (death accurred an the de			that (I) (we) last causes stated
	72h SHOWATURE	lany	Sille	eyes	Sus		MEDICAL STA	FF	22c. DATE	61GN10 11 / 83
	Harry L	.11.	pp M.	.D.		22e. ADDRESS / 5411 Old Fr	ederick Roa	d, Balti	more	, Md.
(5	JRIAL, CREMATION PECIFY) Burial		23b. DATE April	12, 83 N	ew Ca	emetery or crematory thedral Cemet		ore	JNTY	Md TATE
	1.45-46-10			itzke Fun		Homes P. A TO AP	R 1 2 1983	SV REGISTRAR	2 6	med

1630 Edmondson Ave., Catonsville, MD. 21228

DHMH - 16 50M 4/82 (VRA 15, 4)

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2 22	Till Mack F		SUM	ent to	SALTIMONE	CHALTYCAMD
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coneville, Me.	o 18 0,01 - 401	Derullor au	pod pod		÷ 10 10 10	
		10.4				
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)	R 1 2 1983 / F	thousel Commi 12000 P. C. A. 21229	ou Cer Lisi Li Lisi Li	T.S 2.F	U tea	. Introd

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8 3

0 3 7 8

	REGISTRAR							R	EG. NO.		
	DECEASED NAME	FIRST		WIDDIE	l	AST		20. DATE OF DEA	ATH MONTH	DAY YEAR	R 26 HOUR A
L		KATHRY	N	Jo	WE	NDE		APRIL	12,198	83	11:30 ~
3.	SEX	4	RACE		5. DATE C		YEAR	6. AGE (IN YEARS	(AST BIRTHDAY)	MONTHS DA	EAR IF UNDER 24 HRS
	F		L	V	AUG		1947	3:	YRS		
70	BIRTHPLACE (STATE	OR FOREIGN 7	. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER A	AARRIED -	9 BALTIMORE	ITY OR COUN	TY OF DEATH	Н
	NEB		U.	5, A.	WIDOWE		ORCED	BALTI	MORE C	ITY	MD
10	CITY OR TOWN OF	DEATH 1		HOSPITAL, NURSIN		R OTHER INST	ITUTION	120. USUAL OCC	UPATION	12b. KIN	D OF BUSINESS OR
1	BALTIMO		THE .	JOHNS HO	PKIN	S HOS	PITAL	HOUSE	WIFE		
U I:	SUAL RESIDENCE (IFN	HURSING HOME OF O		GIVE RESIDENCE BEFORE		13d. INSIDE C	ITY LIMITS?	13e. STREET ADD	RESS	por h	0 19
1	MO.	CARA	LOLL	HAMPSTI	EAD	YES 📉	NO 🗌	4107		REST .	AUE.
ZН	FATHER'S NAME	M	IDDLE	LAST		15. MOTHER'S	MAIDEN NA		DDLE		LAST
4	HENR!	Y		RAU	6	BEU	ERLY			C	OUPER
16	WAS DECEASED EV		ED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMA			ADDRESS 4107 h	HLLCRE	STAVE
1	NO			136 40	1009	LE KO	y 6, L	UENDE	HAMPS	STEAD	MU.
Г	18. CAUSE OF DE	ATH (Enter only	one couse per	line for (a), (b), and	(c).)					BETWE	PROXIMATE INTERVAL
L	PARTI DEATE	H WAS CAUSED		Probable	Sepsi	S					
1	23/0		DUE TO O	R AS A CONSEQUE	NCEOF						
ı	Conditions, if a	ony, which	(b)	Hemengi		smoth					
	gove rise to	immediate	DUETO	R AS A CONSEQUE		1		· · · · · · · · · · · · · · · · · · ·			
	underlying co		(10)	K AS A CONSEQUE	IACE OF						
1	PART 2. OTHER S	IGNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION	SIVEN IN PART	T lio
3	190. DATE OF OPE 3/9/8/3 210. ACCIDENT WAS										
	190. DATE OF OPE	RATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY			NDINGS USED ISES OF DEATH?
	3/9/83		Bone	Obstrution	due t	hemongi.	operintan	YES X NO		YES [NO [
	21a. ACCIDENT WAS		216. TIME C	FINJURY M. MONTH DA	V VEAD	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	8 PART I OR PART	2)
1	OR CONTRIBUTING	tentrol .		M. MONTH DA	19						
1 3	OR CONTRIBUTING L		21e. PLACE			211 LOCATIO	N	CIT	Y OR TOWN	COUNTY	STATE
1	AMIRE NO	WHILE WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC)	SIMEEL		CII	T OR TO WITE	0001111	SIMIL
1	220.1 certify that	(I) (Mis hospito	ottended th	e deceased from_	3/2/8	3	, 19 83	to	2	19 83	that () (we) last
	sow the dece	eosed alive on_	4/12		33_, or	nd that in (my)	(our) opinion (death accurred an	the date and hi	our and from	the couses stated
	226. SIGNATURE	1 0 1	view ine body	oner death.		DEGREE				22c. D/	ATE SIGNED,
	Sià	H Kank	~		~		TTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	4	1/13/83
	22d. PHYSICIAN'S	NAME (TYPENDR	PRINT)			22e. ADDRES	SJOHA	45 HOPK		SPITAL	_
	500	H KA.	FMANA)			BALT	IMORE	mo;		
23	o. BURIAL, CREMATIC	N, REMOVAL	23b. DATE	, 23c. N	AME OF C	EMETERY OR C		23d. LOCATIO	N		
	(SPECIFY)	1001	4/	1 600				CITY OR TO	WN	COUNTY	STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

marked or Item 18 shows any

IMPORTANT: If hem 21 is

JOSEPH LEE CANBY

24 FUNERAL DIRECTOR

FOR - STATE

WEST FRIENDSHIP MD

25. DATE REC'D. BY REGISTRAR 256 PGISTRAR'S APR 1 4 1983

GALLER CONTROL

The state of the s

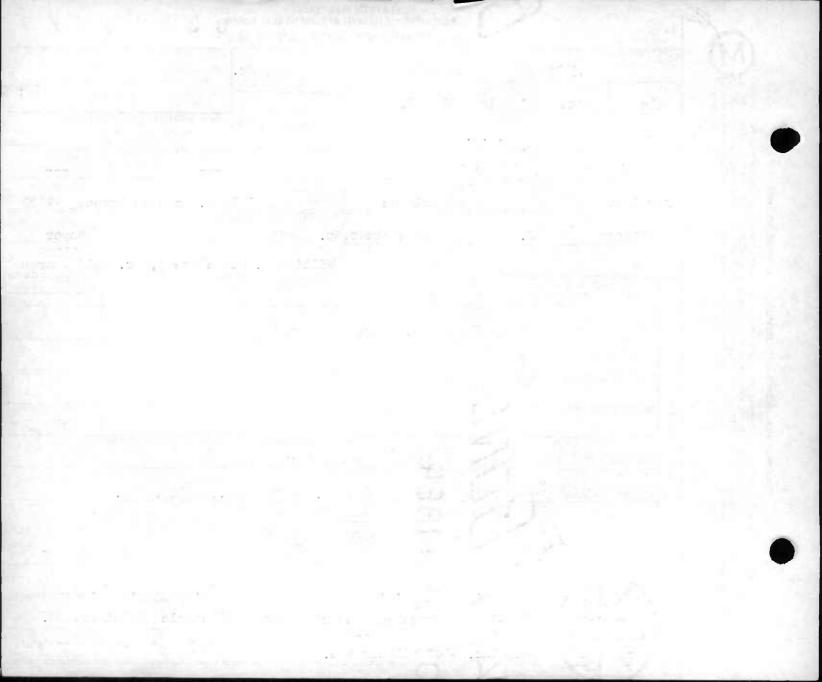
BP. **DHMH - 17** (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND

AKI	WEIAI	OF REALI	H AND MENT AL HTGIENES	.5	
CAL	EXAM	AINER'S	CERTIFICATE OF DEATH	V	REG. N

- STATE REGISTRAR		MEDI	CAL EXAMINI	ER'S CE	ERTIFICAT	E OF DE	EATH	REG. N	10.		
DECEASED NAME	FIRST	AA	AIDDLE	L	AST		2a. DATE	KNOWN	MONTH	DAY YEAR	2b. HOUR
(TIPE OR PRINT)	Willia	ım Fr	ederick	Wen	delsted	lt, Jr	DEATH	ESTI- MATED	., -,	.,,	٨
. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEAR			NDER 24 HR	S. 2c. DAT		HINOM	DAY YEA	170:5
Male	White	1 18	31 52 YR		GAT THOU	Mil	DEA	D	4/3/	17	P _N
O BIRTHPLACE (ST.	ATE OR	76. CITIZEN OF WHAT	T COUNTRY?	8 MARRIEI	D NEVER A	AARRIED X				Y OF DEATH	
Maryland		U.S.A.		WIDOWE		VORCED [re Cit		ME
Baltimo		LIE NOT IN SUCH FACILIT	TAL, NURSING HOME,	-	r institution		OR MOST OF WO	JPATION (TO	YPE OF WORK	OR INDU	STRY
		OR OTHER INSTITUTION, GIVE R	ty Hospita								
Maryland	13b COUN	ITY I	Baltimore	1	3d. INSIDE CITY LIM		12 W	RESS Favet	te St	reet :	21223
4. FATHER'S NAME		MIDDLE			S. MOTHER'S A	MAIDEN NA	ME	WIDGIE		LAST	
Willia	m	F.	Wendelst			ily		MIDULE		Meye	er
60. WAS DECEASED	EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY	NO. 1	7. INFORMANT			ADDRES	_	212	222
(YES, NO OR UNKNO			NONE		Willia	m F. W	ende1	stedt,	Sr.	3435 Di	ınran
		ly ane cause per line fai	r (a), (b), and (c).)							APPROXIM. BETWEEN ON	ATE INTERVAL
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	s, if any, which	Chol	king on bo	olus	of foo	d					
	e to immediate stating the under-	/ (0)	A CONSEQUENCE O								
lying caus		DOL TO, OK AS	A CONSEQUENCE O	/1							
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	MITICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RECALED TO THE TERMIN	MAL DISEASE L	JK CUMUITIUM GIVE	N IN PAKE I 10.					
WEDICAL OF 190. DATE OF 210. EXTERNA 210. EXTERNA CONTRIBUTIN 210. INJURY O WHILE WHILE	OPERATION	196 CONDITIO	N FOR WHICH OPERA	ATION WA	S PERFORMED	?				20 AUTOPS	5Y?
SE .		1								YES X	X NO [
210 EXTERNA	L CAUSE WAS	21b. TIME OF IN		21c_HO	W INJURY OCC	URRED (ENI	ER NATURE OF	NJURY IN ITEM 1	8 PART I OR PAR		
UNDERLYING	OR CALISE OF	DEATH 9:45XX	4/3/83 ₁₉	sub	ject ch	nked					
21d. INJURY O		21e PLACE OF	INJURY (AT HOME,	21f LOC	ATION	IORCU_					
WHILE AT WORK	NOT WHILE &	Nursing		1217	W. Fay	otto	CITY OR T		Md	YTAL	STATE
	1	ge of the remains describ		Autopsy		pectian L	, Inquir		and in my ap	inian	
death resulte	ed fram: Nat	refice uses . Ac	ccident XX, Suid	cide,	Hamicide		determined r	nanner	,		
ACTUAL	OTH	Ma	w		Assist				DATE	4/4/	83
SIGNATURE_	- 41	1		M.). <u>/133130</u>	<u> </u>	EDICAL EXA	MINER	SIGNE	0	00
EXAMINER'S I	NAME	lormez R. G	uard, M.D.	A	DDRESS]	11 Pe	nn St.	. Bal	to. M	ld. 212	01
30 BURIAL, CREMAT	ION, REMOVAL		23c. NAME OF CEM		CREMATORY	23d.	LOCATION				
	ial	4/7/83	Morelan	d Mem			Hiller			more M	d.
24 FUNERAL DIREC	4	AGGRESS		21229		A DD	BY REGISTR	AR 256	SISTRAR'S S	GNATURE	ich
Hubbard F	uneral H	lome, Inc.	4107 Wilker	ns Av	e.	APR 6	190	0 0			00



	FOR	DED A			
X	STATE REGISTRAR	DEPA	ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	, 0 0
I. DE	CEASED NAME FIRST	WIGDLE	LAST	Ma. DATE OF DEATH MONTH	DAY YEAR 26. H
(14)	Gloria	P.	Wendling	Horil 24	1983 6
3. St	×	4. RACE	5. DATE OF BIRTH MONTH CAY 3	6. AGE (IN YEARS (AST BIRTHDAY)	MONTHS DAYS HO
7a. 8	SIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	TDV2 8	9. BALTIMORE CITY OR COUNT	
10	N. CAROLINA	U,S,	MARRIED NEVER MARRIED WIDOWED DIVORCED	Bartino	any CIT
10.0	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVEST		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	
	BALTIMORE		HOSPINC BEFORE ADMISSION)	TEACHER	21227
35 130.	AL RESIDENCE (IF NURSING HOME OF STATE 134. COU	IMORE ARBU		13. STREET ADDRESS BREET	
14. F	ATHER'S NAME	MIDDLE MST.	15. MOTHER'S MAIDEN		1467
500	HARRY	WILKEN	ISON MABE	2	mowa
	WAS DECEASED EVER IN U.S. A TYES, NO OR UNKNOWN) THE YES, G	VE WAR OR DATES)	SECURITY NO. 17 INFORMANT	ADDRESS	212: WSTER STRE
	NO	nly one cause per line far (a), jb	34-0747 JOHN L. WE	MDLING 1239 DKE	APPROXIMATE BETWEEN ONSE
her froumotic ev	Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	EQUENCE OF	s cell Carhu	ING
, or other troumotic ev	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	EQUENCE OF		
y, or other	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	EQUENCE OF		
y, or other	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	EQUENCE OF	RMINAL DISEASE OR CONDITION G	SIVEN IN PART I I O (ES, WERE FINDINGS TIFYING CAUSES OF
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APROTOG SALLES

Market State State Section

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH

IN	IORE	ARYLAND	21291	0	3	8	
7	2a. DATE	OF DEATH				21). H(

				CEIVIIII	AIL VI	PLAIII		11.0				
I. DECEASED-NAME (Type or print)	First		Middle		Last		2a. DATE OF		Day	Year	2b. ł	HOUR
	Arra		Anna		Wenze		4-2	7-483	bul	real		M
3. SEX			4. RACE		5. DATE OF BIRTH			6. AGE (In ye	ears	IF UNDER 1 YEAR MONTHS CIAYS	IF UNDER	24 HRS.
Female		I	Vhi.te		9-2	2-188	1	last birthda	YRS.	muntilis ants	nuuks	min.
TO BIRTHPLACE (State	ar fareign	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MARK	RIED	9. COUNTY OF					
Marylar Marylar	ıd	7	JSA	WIDOWED	DIVOR	CED 🔲	Balt	imore	Ci	ty		Md
O. CITY OR TOWN OF I	EATH		11. NAME OF HOSPITAL OR IN	STITUTION (If r	at in haspital		L OCCUPATION			12b. KIND O	F BUSINESS	5 OR
Baltimo	re		give street oddress) Vij	lage	N. H.		ist of warking sewife		etired.)	home	maki	ng
a. USUAL RESIDENCE	(Where deceas	ed lived if i	nstitutian: Residence befare	13c. CITY OR	TOWN	13d. INSIDE CITY LI		REET AND NUM			1237	
idmission) STATE Marylar	ıd	Ba	Ltimore			YES NO	St 850	1 Phi	lad	elphi:	a Rd	1.
4. FATHER'S NAME	First		ddle Last	19	MOTHER'S MA	IDEN NAME F	irst	M	iddle	JV	Last	
	John		Gett	man		Ca	roline			Sca	ggs	
16a. WAS DECEASED EV	ER IN U.S. AR	AED FORCES?	A Committee of the Comm		NFORMANT			Ad	ldress	(21	087)	
Yes, na, or unknown	In hes dies a	rui oi uulas oi saii	218-54-0	928	Harr:	is Bo	one 82	05 Gr	een			
18. CAUSE OF DI	ATH (Enter on	ly one cause	per line far (a), (b), and (c)	.)	0-						ONSET AND D	
	H WAS CAUSE	D BY: ATE CAUSE (a)	len.	O FE	ulun	e						
4049	Mancon), OR AS A CONSEQUENCE OF		. 1		n 1					
Canditians, if any	Canditions, if any, which gave) (b) Consective Heart Laule											
	rise ta immediate cause (a), (b).											
last.	stating the underlying cause											
PART 2 OTHER S	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
THAT 2. OTHER 3	Omroam co	ionions <u>cor</u>	THE PERSON NAMED OF THE	OT KEDITED T	o tite retunitione	, DISCUSE ONCE	ONDITION OTTE	· III 171101 1(0)				
19a, DATE OF OPER	ATION 19h	CONDITION F	OR WHICH OPERATION WAS PE	REORMED	20g. AUTO	PSY2	20h IF	YES. WERE FIN	IDINGS CO	NSIDERED IN	FRTIFYING	G
19a. DATE OF OPER	Alloly 17b.	CONDITION	OK WINCH OF EXAMINING THAT I	KIOKINED	YES 🗀	NO 🗔		OF DEATH?	1011103 CO	MISIDERED III	CERTIFI THE	
21a. ACCIDENT W	AS LINDERLYIN	IG 21b T	IME OF INJURY	21c H	OW INJURY OCC	Land	nature of injur	u in Part 1 ar	Part 2 le	tom 10 \		
	CAUSE OF DEA	TH HOUR	A.M. Manth Day Year	210. 11	OW INJURY OCC	UKKED (EIIIEI	natore at injut	y in ruit i ai	ruii 2, ii	em ib.j		
OR CONTRIBUTING (If either, natify: 21d. INJURY OCC			P.M. 1		ACATION C.	D.F.D. H.	e.,	*				Ch. 1.
While Nat w	nile [7]	PLACE OF IN	JURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	21t. L	OCATION Street	f ar K.t.D. Na.	City	ar Tawn		County	2.	State
at wark at wo	rk -			1.4	10 N P	1 1 10 5		A	770	- 1	. 1631	
22a. I certify	22a. I certify that (1) (this haspital) extended the deceased from 1982, and that in (my) (aur) apinian death accurred an the date and havr and from the											
canses s	saw the deceased alive an 1903, and that in (my) (aur) apinian death accurred an the date and haur and tram the causes stated abave (1) (we) (did (did nat) view the body after death.											
22b. SIGNATURE												
	MODEGREE PHYS. DIRECTOR D STAFF DIRECTOR D PHYS. DIRECTOR D PHYS.											
22d. PHYSICIAN'S	1400	- and	110		22e. ADDI		IKECTOK —	Titto.		1-01		
NAME (Type)	Howa	ard B	ond. M. D.				lair F	Rd. 21	236			
23a. BURIAL, CREMATIC				CEMETERY OF				N (City ar Tav		(Caunty)	(State	- 1
BEMOVAL (Specify	230.	DATE -29-8			eme te:	mv		imore	,		,	1
24. FUNERAL DIRECTOR			ADDRESS			2So REC'D B	L DICCICTO A	- 1110 T	9 L'L	ary Ja.	Libit	
								A D I AVD A REIA	I VAK VK	/II/### # III/## #		

VR A15 [4] 30M REV, 1/68

Page 4 may be retained by the nospiral or attending purposection.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers should be filed with the State Dept. of Health prior to burial, cremation, or removal, and comy event, within 72 h

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 -	FOR STATE REGISTRAR			DEPART			D MENTAL HYG F DEATH		REG. NO.	1	J S	3	day.
	CEASED NAME OR PRINT)	FIRST		e Werman		AST		April	13, 198	3 DAY	YEAR	26. HOU	P.M.
				5. DATE OF BIRTH October 2, 1889			6. AGE (IN YEAR)	YR	MONTH RS.		IF UNDER	24 HRS MIN.	
	IRTHPLACE (STATE OR F	FOREIGN 7b.	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWEL							ity MD.			
	TY OR TOWN OF DEA Baltimore	ATH 11	NAME OF H	HOSPITAL, NURSIN HEACILITY, GIVE STREET ROLAND	ADDRESS) AVe.	R OTHER I	NSTITUTION	Busines	CUPATION R MOST OF WORKIN S Mgr.	4G LIFE) IN	HOSP	ital	ESS OR
USU 13a. :	AL RESIDENCE (# NURS STATE Md.	13b. COUNTY	HER INSTITUTION	Baltimo	e admission) VN Dre	13d. INSID	E CITY LIMITS?	130. STREET ADD 4401	Ress Roland	Ave.		21210	0
14. F/	ATHER'S NAME FIRST Freder	ick A.	Wermar	nn LAST		IS. MOTH	FIRST Anna	M. Reis			LAS	т	
	WAS DECEASED EVER YES, NOOR UNKNOWN)	IN U.S. ARME		577 05 8		Mrs.	Elsa W.	Seippel	4401	Rola		Ve	
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT						DE NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110						>
	190 DATE OF OPERA	DERLYING CAUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH D M.	AY YEAR	21c. HOV	V INJURY OCCUR		O IN CE	RTIFYING YES [RE FINDING CAUSES	NGS USE OF DEA' NO [TH?
MED	21d. INJURY OCCUR WHILE OF WAT WORK 220. I certify that (I) sow the decease obove, (I) (we) (c) 22b. SIGNATURE 22d. PHYSICIAN'S N.	HILE (Ithis hespitel	ottended the	deceased from	man 83,00	nd that in (i) DEGREE	ny) (ow) opinion ATTENDING PHYSICIAN	a, to a	STAFF	hour and	-	that (I) (
23a	BURIAL, CREMATION,	REMOVAL	23b. DATE 4/18/		NAME OF C	EMETERY	OR CREMATORY	23d LOCATK	timore,	Md.	UNTY		STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in the should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be file with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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injury, or other troumatic event, the

MAPORTANT: If Hem 21 is marked or Hem 18 shows any

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MITCHELL-WIEDEFELD HOME, INC.

24 FUNERAL DIRECTOR

6500 York Rd.

250 APPREZD 14 1998 TARIZ GREGUSTRAR YSUCKANARE

C. Strame compared to the control of i i litto =155 or | At 1 of | 12.02 mention . or miner the state of the s Edit of the state ter in the contract of the con July March 1988 Links and American Lands and the poge 3

the offending physicion

or removol.

IMPORTANT: If them 21 is marked or Item 18 shaws any injury, or other traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

retained by the hospital or attending physician

Poge 4 may be

	1-	STATE REGISTRAR			DE		FICATE OF DEAT		REG. NO	D.	0 0	0	
		CEASED NAME	FIRST	1	MIDDLE		LAST	2	o. DATE OF DEATH	HINOM	DAY YEAR	2b HOUR	
П	(TIPE	OR PRINT)	Mary		0	Wes.	ev		April 30.	1983		4:00A M	
U	3. SE)	(RACE	4 .		OF BIRTH		AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS	
Ĭ	F	EMALE		COA	BUI	ACA MONI	94 12, 18	94	89	YRS.	MONTHS DAYS	HOURS MIN.	
Z	re. BII	RTHPLACE (STATE OR FO	DREIGN 76.	CITIZEN OF	WHAT COU	MARRIE	D NEVER MARR	SIED 1	BALTIMORE CITY O				
4	1 01	TY OR TOWN OF DEA	TU 11	NAMEOE	I I I I	WIDOW	DIVORC		Baltimore			MD. F BUSINESS OR	
8	В	altimore		Maryl.	and Ge	estreet address)		1	TOME MAI	WORKING LI		F BUSINESS OR	
>	130	AL RESIDENCE (IF NURSI TATE PRYLAND	NG HOME OR OTH	ER INSTITUTION.	134 GITY O	TE BEFORE ADMISSION) IR TOWN TIMORE	13d INSIDE CITY LI		e STREET ADDRESS	HILL	AVE 3	?120/	
2		PAY: JOHN	1 G	RIFF.		AST .	15. MOTHER'S MAI		AIDALE	125	LAST		
		VAS DECEASED EVER I	N U.S. ARMEI (IF YES, GIVE W		166 SOCIA	L SECURITY NO. 34 3144	17 INFORMANT		MARSHALL 1.	205 k	WKELAU	10 37	
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Cardiorespiratory Arrest									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4/30/83		
		567	2		-	ISEQUENCE OF					4/10/83		
		gove rise to imm	ediate	(p)					300		7/10	703	
		underlying cause	lost.	DUE TO, OI		SEQUENCE OF abdomin	al Abscess	s			4/22/83		
	Z					AL DISEASE OR CONT		EN IN PART 110					
	15						N WAS PERFORMED		ar Disease		AVEDE EINIDIN	CE HEED	
1	CERTIFICATION	4/19/83 4/22/83	ION				c Decubitu		IN CERTIFYING CAUSES OF DE				
		210. ACCIDENT WAS UND		216. TIME O	FINJURY	H DAY YEAR	21c HOW INJURY		ENTER NATURE OF INJUR	Y IN ITEM TB	PART I OR PART 2)		
7	CAL	(IF EITHER, NOTIFY MEDIC		Ρ.,		19							
	MEDICAL	21d INJURY OCCURR		21e. PLACE		OFFICE, FARM ETC }	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
		22a L certify that (1)	this hospital)	ottended the	e deceased	from April			.,	0,		that X (we) last	
		sow the decease above, (IXwe) (d	d) XIX XX vi	ew the body	after death.	_19, o		opinion dec	oth occurred on the do	ite and hau	ir and from the	causes stated	
		27b. SIGNATURE	Part	4	ma	0		IDING CICIAN C	MEDICAL STAF	FIANG	220 DATE :	SIGNED	
		22d. PHYSICIAN'S NA	ME (TYPE OF PR	INTI			22e. ADDRESS	72	1 August	3	-		
		James M.							General H	ospit	al		
		BURIAL	REMOVAL	5-5-	83		EMETERY OR CREM		ARBUTUS	B	PLTU CO	MA	

RUSS J222W. NORTH AVE

STATE OF MARYLAND

DHMH - 16 50M 4/82 (VRA 15, 4)

ch00-A	Opril 30, 1983	deniev	a de la compania	
	9.8	New York States		F. James F.
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	Had ORU o Had H	The Williams	the Bi	MIRTERNO
	exists an	Germann	magnit	Reg Joins
	Marshar 12:3 The	Sire I Security	17-14	1/0
4/39/63		Janual Goldales	TOLLIO	
4/10/83		1	nges Segn	
4/22/83		ensond forthood	Intra	
	lar Disease	cerioscierotic Vascu	le Desembla, Ar	nul Sun
	and the	tu mulimost olionos	d. gmilnosmi	2/2/2
E8	Liril 30	E0 .01 LligA	of Lives and	
	asineon levens by	c/o maresan	iton, n.D.	James M. Car
ONE STU	Milan Jan	to the second		House

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carbanpapers. Pages the attending physician and

injury, or ather traumotic event, th

1	FOR STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGII ICATE OF DEATH	ENE 8 3	10384
	(TYPE OR PRINT) MARILYN	WIDDLE W	EST	-	MONTH DAY YEAR 26. HOUR A
	3. SEX Female 70_BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF	egro 5. DATE C	22 51	6. AGE (IN YEARS LAST BIRT 3.1 9. BALTIMORE CITY OF	MONTHS DAYS HOURS MIN.
5	Maryland U. 10. CITY OR TOWN OF DEATH 11. NAME OF H	S.A. WIDOWE	D NEVER MARRIED A D NORCED DIVORCED	Baltimon	ce City, MD. 12b. KIND OF BUSINESS OR
2		y Hospital		(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
)	Maryland 13b. COUNTY	Baltimore	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4909 Libe	21207 erty Heights Ave.
3	14. FATHER'S NAME FIRST Raymond	West	15. MOTHER'S MAIDEN NAMI Thelma	E MIDDLE	Murray
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 220-56-1391	Thelma West	4909 Lit	perty Heights Ave.
	Conditions, if any, which gave rise to immediate (b)	PULMONARY I	RESTRICTIVE Systemic Sc		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
10	PART 2. OTHER SIGNIFICANT CONDITIONS CC	R AS A CONSEQUENCE OF NOTRIBUTING TO DEATH BUT		NAL DISEASE OR COND	20b. IF YES, WERE FINDINGS USED
	210. ACCIDENT WAS UNDERLYING 21b. TIME O	F INJURY	21c HOW INJURY OCCURRE	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO VINITEM 18 PART 1 OR PART 2)

21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220.1 certify that (I (this hospital) attended the deceased from sow the deceosed alive on above, (1) we) (did) (did no ppinion death occurred on the date and hour and from the causes stated (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22e. ADDRES

NOWLES 230. BURIAL, CREMATION, REMOVAL 23b. DATE 4/6/83

23c. NAME OF CEMETERY OR CREMATORY King Memorial Pk Baltimore

COUNTY Md d

24. FUNERAL DIRECTOR

MEDICAL

Č March F/H Inc.1101 ENorth Avenue

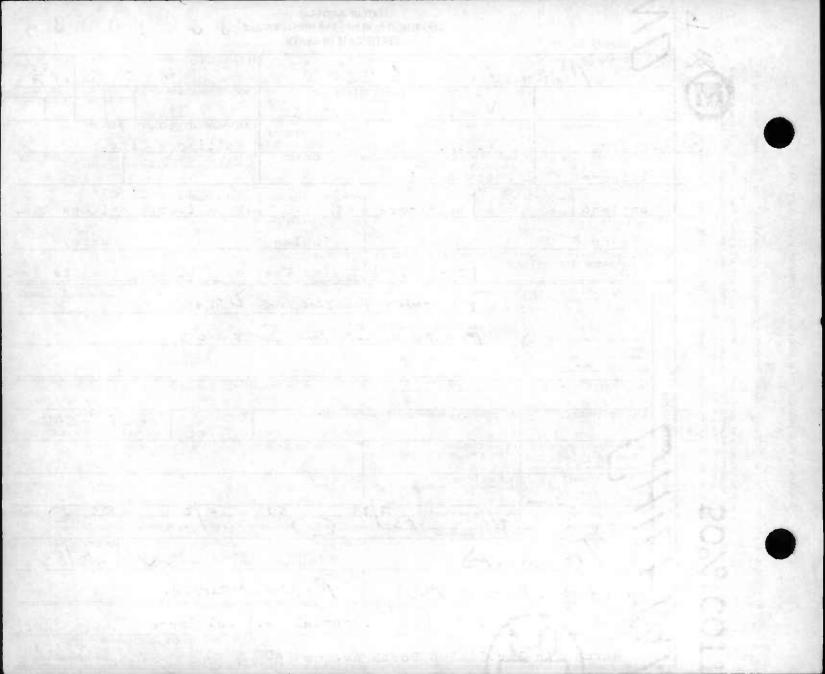
25a. DATE REC'D. BY REGISTRAR 25b.

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior ta bi IMPORTANT: If them 21 is marked or them 18 shows any

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.



BP. DHMH - 16 50M 4/82

(VRA 15, 4)

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE	3	S REG. N	٧٥.	I	0	3		3	Š
E	LAST	2a DATE	OF	DEATH	MONTH	DAY	YE	AR	2b H	IOUR	Z

1		500		STATE OF MAR		0 7	10	2 9 5
-	7-	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AN CERTIFICATE O		REG. N	1 0	3 0 2
		CEASED NAME FIRST	MIDDLE	LAST	I	2a DATE OF DEATH		EAR 26 HOUR A
	(TYPE	MARGAR	ET K.	WESZKA		APRIL 8.	1983	4:40 M
	3. SEX	(4. RACE	5. DATE OF BIRTH	6	AGE (IN YEARS LAST BIR	THDAY) IF UNDER	I YEAR IF UNDER 24 HRS
	Jun :	smals	WHITE	JAO. 10	1925	58	YRS.	DAYS HOURS MIN.
.36		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	RY? 8.	3 _ 9	BALTIMORE CITY		тн
5	13	ARYLAND	U.S.A.	MARRIED NEVI	DIVORCED W	BALTIM	ORE CITY	MD.
3		TY OR TOWN OF DEATH	THE JOHNS		D T T D A T	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O SUPSRV15	F WORKING LIFE) INDU	IND OF BUSINESS OR STRY CIAL SERVICES
4	USUA 130. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN				3e STREET ADDRESS		
1		ARYLAND	BALT	MORE YES D	NO 🗌		SALIE	4566.31F
17	14 FA	THER'S NAME	MIDDLE	15. MOTH	ER'S MAIDEN NAME	MIDDLE	T	LAST
	N	JILLIAM STS	irling Ki		111111111111111111111111111111111111111	ADDR		BAKER
		VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL S	SECURITY NO. 17. INFOR				
		DO	1913 19	5103	- AMILY	KICORD		
を		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	1 1	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH			
2 7			TE CAUSE (0)	spiratory +	ardise)	mest		
3 44		7,00	DUE TO, OR AS A CONS	EQUENCE OF	٥.	15 /		
3 -		Conditions, if any, which gove rise to immediate	(b)	Seps	13, Reno	1 Failur		
1,0		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSI	EQUENCE OF	es Enlis	. 1.		
			(c)		04 1 1 - 600			
	N	PART 2 OTHER SIGNIFICANT	· 1 //	TO DEATH BUT NOT RELA	TED TO THE TERMIN	AL DISEASE OR CON	DITION GIVEN IN PA	RT 1(o)
5	FICATION	19a. DATE OF OPERATION	N Th	TICH OPERATION WAS PER	REORMED	20a AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
1	IFIC					YES TO NOT	IN CERTIFYING CA	NO
	CERTI	210. ACCIDENT WAS UNDERLYING		21c. HOW	/ INJURY OCCURRE	D (ENTER NATURE OF INJU		
1		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR				
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCA				
	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC) ST	REET	CITY OR TO	WN COUP	NTY STATE
		22a. I certify that (I) (this haspi	ital) attended the deceased fr	om '4/3/	19 83	to 4/8	19 8	that (I) (we) lost
		sow the deceased alive on		- 2 / /	my) (our) opinion de	oth occurred on the d	ote and hour and fro	
		22h SIGNATURE	or) view the body offer deofn.	DEGREE			22ε.	DAJE SIGNED
		100	mes Kalin			MEDICAL STA		1/8/83 455
1		22d. PHYSICIAN'S NAME (TYPE S	TAMES KA	HN 22e. ADD	JOHNS	HOPICI	NS HO	3819AZ
1	23a. B	URIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION	COUNTY	STATE
		BURIAL	APRIL 11 1983	MARKWOOD	LEM.	PARKVIL	BALTO	MARYLAND
	24 FU	INERAL DIRECTOR	ADDR	ESS VI — F	250 DATE	REC'D BY REGISTRAR	256 REGISTRAR'S	3 Maltielf
	15	VAN FUNERA	I CHAPIL 88	OO HARFORD	O. AFT	1 0 1000	4	

Reprehy + Oston Ins Sepri Rosel Barber were Frederick Marile Colon JOHN S FEEDELINE FEEDERS THIS GOING ! more than the state of the stat

	r death. Page	-
DIVISION OF VITAL RECORDS, ACT W. PRESION ST., DALLIMORE, MARTITAND ALKOI	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page retained by the haspital or attending physician.	

- 1			STATE OF MARYLAND			- 2
1	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3	10	5 8 6
	PE OR PRINT) FIRST FOR PRINT)	+. M. V	VHARRY	20. DATE OF DEATH	1983	6.45
	Dom de	1. RACE White	5. DATE OF BIRTH MONTH DAY YEAR OF 10 - 1904	6. AGE (IN YEARS LAST BIRT	YRS.	S HOURS MIN.
35	BIRTHPLACE (STATE ORFOREIGN		MARRIED NEVER MARRIED WIDOWED DIVORCED	Bre	R COUNTY OF DEATH	cete "
411/	Sactomere	INF NOT IN STOCK ENCILITY, GIVE STREET AT	Dr. Stop.	IZE USUAL OCCUPATE		etrus
SO C	UAL RESIDENCE (IF NURSING HOME COST) TE 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ANTY	YES NO [134 STREET ADDRESS	Fret St	. 2/22
300	FATHER'S NAME FIRST W.	Caney Sr.	13. MOTHER'S MAIDEN NA	MODOLE M.	dus	bec
e medico		RMED FORCES? / 16b. SOCIAL SECUR IVE WAR OR DATES) 119-16-51	134 A allen Can	vey 1420 /	V. Grott &	4.
c event, #	PART I. DEATH WAS CAUS	nly one cause per line far (a), (b), and ED BY: TE CAUSE (a) — CONGES	TIVE HEAST F	Silure	+ BETWEE	OXMATE INTERVAL
troumoti	Canditians, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUEN		- pul. Dis	ierse)	/
or other	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSCOUE			- D.	AYS.
y injury.			EATH BUT NOT RELATED TO THE TERM	9,244		
8 shows ony injur	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH C		20s AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES	ES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF DE	ATH HOUR AM. MONTH DAY	19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
norked or	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STEET, FACTORY, OFFICE, FAI	RM ETC) 211 LOCATION	CITY OR TO	1 60	STATE
m 21 is m	saw the deceased alive a abave, (1) (we) (did) (did n	O /a Co	, and that in (my) (aur) apinian	death accurred an the do		
<u> </u>	22b. SIGNATURE	Anilar	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	FIAN 2 - 4/2	15 SIGNED
IMPORTANT	22d PHYSICIAN'S NAME (TYPE	MA	BALT	mone, m		10/ni 1-/h
	BURIAL, CREMATION, REMOVA	23b. DATE 1983	ME OF CEMETERY OR CREMATORY	23d LOCATION OR TOWN	1 G.COUNTY	made.
/82	HW J COWAN &	Sap 10c. 981 H	112 × 250 AP	R 209 1983 AR	P GISTRAP SI	sweigh

A CONTRACTOR PROPERTY OF THE The state of the s

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Turace that should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be Jud with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or remaval.

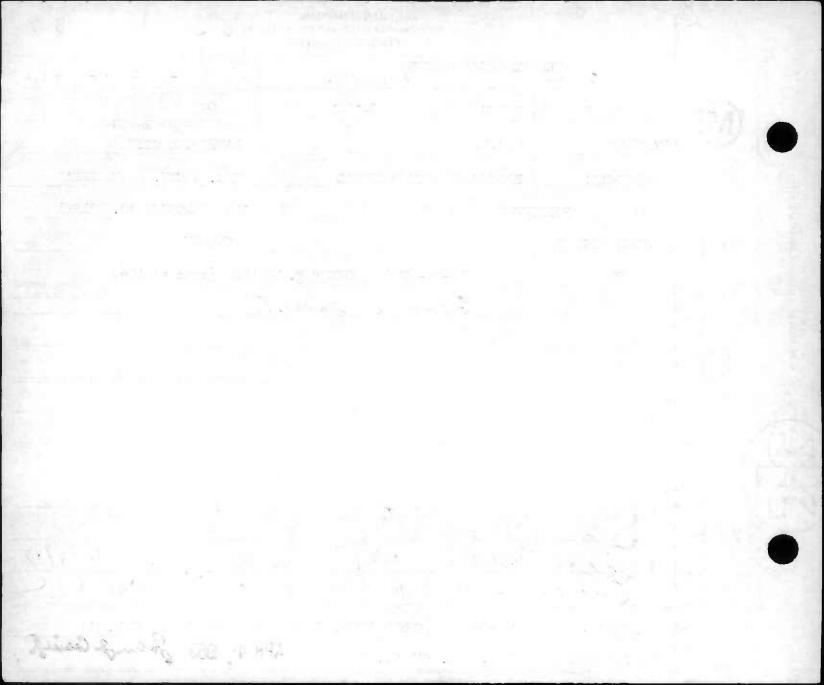
IMPORTANT: If them 21 is marked or Item 18 shows ony injury, ar other troumotic event, the media

STATE OF MARYLAND 8 3 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR			DEPARTI		FICATE OF DEATH	HYGIENE	8 3 REG. N	0.	0 3	8	1
1. DECEASED NAME (TYPE OR PRINT)	YELYN KAT	HERIN	EWHEELE	EN ho	eler	20. D	ATE OF DEATH	MONTH	DAY YEAR	2b. HOU	IR MA
3. SEX	4 RA			5. DATE		6 AG	E (IN YEARS LAST BIR	THOAY)	IF UNDER 1 YEA		
FEMALE		HITE	/	~8	-16-1917 YEAR		65	YRS.	MONTHS DAY	HOURS	MIN
To. BIRTHPLACE (STATE C	R FOREIGN 76 CT	TIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BA	LTIMORE CITY C		Y OF DEATH		
MARYLAND	U	.S.A.		WIDOW		7	BALTIMOR	E CIT	Y		MD.
BALTIMORE	(1	F NOT IN SUE	HOSPITAL, NURSIN H FACILITY, GIVE STREET ORE CITY	AOORESS)	OR OTHER INSTITUTION	(TYPE	ISUAL OCCUPAT OF WORK FOR MOST O EC. SEC	OF WORKING	126 KIND INDUSTR HOSP		SSOR
MD	URSING HOME OR OTHER 13b COUNTY BALTIMO		GIVE RESIDENCE BEFORE 13¢ CITY OR TOW ESSEX	E ADMISSION) 'N	AES UN NO 🖫	10	TREET ADDRESS	HIRE	RD. 2	L221	
JOHN BRE	NDEL		LAST		15. MOTHER'S MAIDEN FIRST	NAME	UNKNOWN		ı	AST	
160 WAS DECEASED EV	ER IN U.S. ARMED F	ORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT		ADDR	ESS			
NO			214-26-6	776	ROBERT F. W	WHEELI	ER (same	as l	.3e)		
Conditions, if of gove rise to couse (o), sto underlying cou	my, which mmediate string the use lost	(c)	R AS A CONSEQUE	ence of	NOT RELATED TO THE TE	ERMINALD	DISEASE OR CON	DITION G	IVEN IN PART	1(0)	
THE STORY ACCIDENT WAS	RATION	196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED		AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE 'ES		H?
	CAUSE OF GEATH	h. TIME OI HOUR A./ P./	M. MONTH DA	YEAR	21c. HOW INJURY OCC	CURRED (E	NTER NATURE OF INJU	RY IN ITEM 18,	, PART 1 OR PART 2)		
(IF EITHER, NOTIFY ME 21d. INJURY OCCU WHILE NOT AT WORK AT		e PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TOV	WN	COUNTY	51/	ATE
sow the dece obove, (1) (we		13	e deceased from	33,0	nd that in (my) (our) opini	ion death o	occurred on the d	ote and ha	, 19) our ond from th	, that (I) (w	ve) lost oted
226. SIGNATURE/ ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									224. DAT		87
Chr	MAME (TYPE OR PRINT)	Au	HNK	mo?"	722e ADDRESS F2/TT	- 0	ITY	HO	3361	(AC	
230. BURIAL, CREMATIO		DATE			EMETERY OR CREMATOR		LOCATION CITY OR TOWN	yerer to	COUNTY	STA	KTE.
CREMATIC	N 4	-4-83	GR GR	EEN M	OUNT CREMAT		BALTIMO	RE C	ITY, MD	1	111
14 FUNERAL DIRECTOR WALTER BR	OOKS BRAD	LEY,	INC BAL	TO.,	MD 250 A	PR 4	D. BY RECISTRAR	for	TRAF'S OG	Merch	1

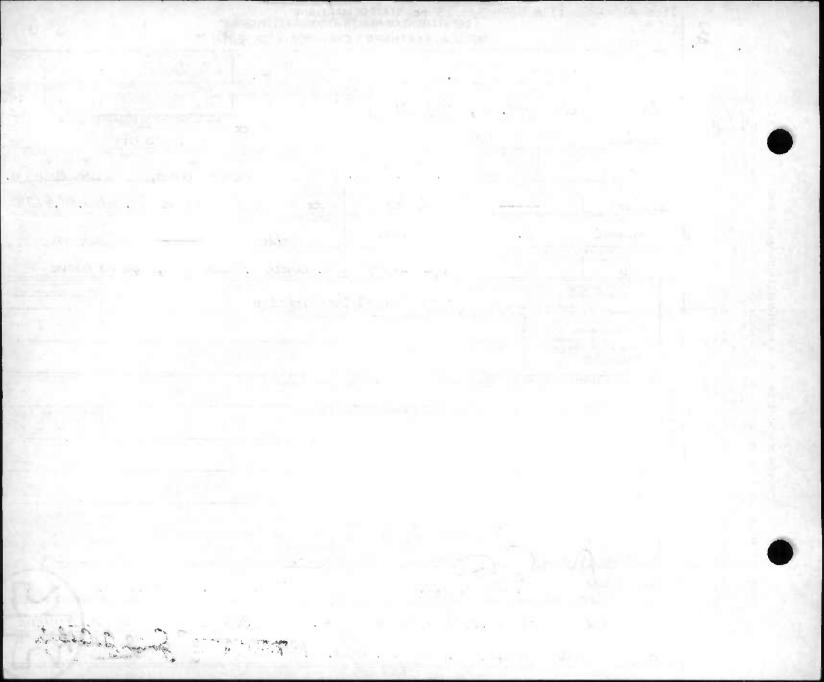
DHMH - 16 50M 1/76 (VR A 15 (4))

BP.



Item #18a-22a Film G579 5/5/83 rc STATE OF MARYLAND

20M 4/82



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR Whitaker DECEASED NAME (TYPE OR PRINT)

(1)

76. CITIZEN OF WHAT COUNTRY?

4. RACE

LIF HEREING HOME OR OTHER INSTITUTION 136 COUNTY

16a, WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I, DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate couse (a), stating the

underlying couse

19a DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

> NOT WHILE AT WORK

sow the deceosed ofive on

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE IO

REG. NO 2a. DATE OF DEATH MONTH

6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR

DATE OF BIRTH NEVER MARRIED

DIVORCED

NOF

17. INFORMANT 1

BALTIMORE CITY OR COUNTY OF DEATH

186 KIND OF BUSINESS OR

MD.

12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) momplotte a

138 INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME MIDDLE

Burton Marvin Whitaker

Brentwood 1512 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED

18 CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).) DUE TO, OR AS A CONSEQUENC

MAXICOR

PART 2 OTHER SIGNIFICANT GONDITIONS CONTRIBUT DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

19

MARRIED WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

IN CERTIFYING CAUSES OF DEATH? NOF YES

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21f LOCATION CITY OR TOWN

20a AUTOPSY?

COUNTY

NO [

STATE

me

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated DEGREE E SIGNED

ATTENDING PHYSICIAN	ICAL CTOR PE	STAFF HYSICIAN 🔽	/	4	1
ESS					_

22ª ADDR

CITY OR TOY Baltimore

Cem. 25a. DATE REC'D. BY REGISTRAR 25b GISTRAR'S SIGNATURE

0 ã D à and Mentol Hyg 8 morked or . 50 140 MPORTANT

CERTIFICATION

WEDICAL

WHILE

226 SIGNATURE

I-SEX

female

14 FATHER NAME

LYES NO OR UNKNOWN)

NO

To. BIRTHPLACE (STATE OF FOREIGN

popers. 0 be al-tre FUNERAL DIRECTOR ould be detached th the State Dept. 5 %

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

(SPECIFY) Buria 24. FUNERAL DIRECTOR 4/4 March

216. TIME OF INJURY

P.M

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M.

1011

worth he.

22d. PHYSICIAN'S NAME TYPE OF PRINT

23a, BURIAL CREMATION, REMOVAL 23b. DATE

22a. | certify that (1) (this haspital) attended the deceased from

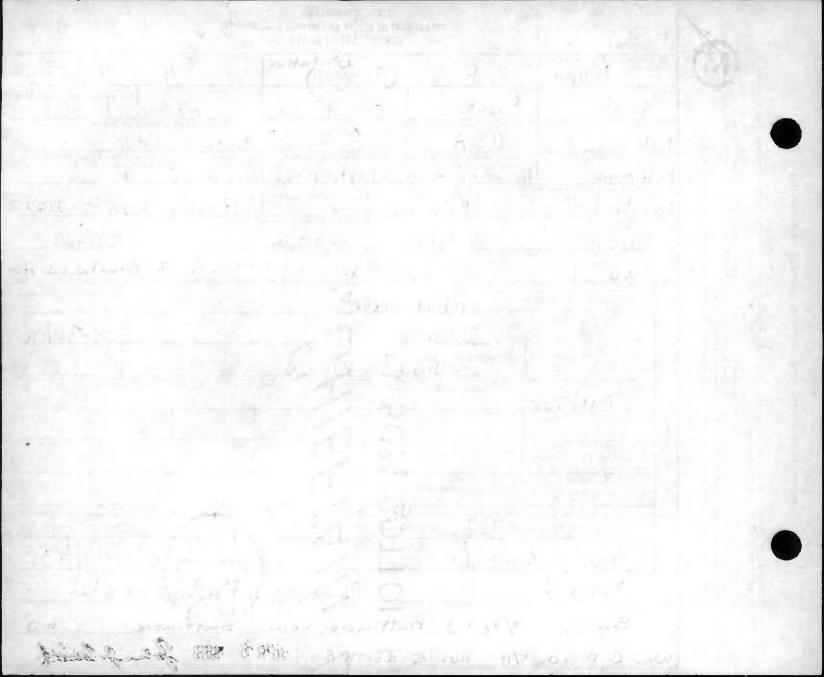
obove, (1) (we) (did) (did not) view the body ofter death

23c. NAME OF CEMETERY OR CREMATORY

MONTH DAY YEAR

STREET

APR 6



	1	FOR STATE		DEPART	MENT OF	HEALTH AND MENTAL HYG	IENE 8 3	1	0 3	9 0
		REGISTRAR			CERTIFICATE OF DEATH REG. NO. LAST 120 DATE OF DEATH MONTH DAY YEAR 120.					
		OR PRINT)	red	MIDDLE		laker	20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR April 6, 1983 3:00P			
	3. SE)	Male	4. RACE B1	.ack	5. DATE O		6. AGE (IN YEARS LAST BIF		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
6		RTHPLACE (STATE OR FOR COUNTRY) N.C.	PEIGN 76 CITIZEN	76 CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED	Baltimore City Baltimore City			MD
8	В	ty or town of death altimore	Mary	Such Facility, Give Street / Land Gene	ral Ho	-	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST (F BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING TATE	S HOME OR OTHER INSTITUT Bb. COUNTY	131. CITY OR TOV	VN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	Lswor	rth St.	21213
0	7	Thad		hitaker		15 MOTHER'S MAIDEN NAV	MIDDLE		Whita	ker
		VAS DECEASED EVER IN (ES. NO OR UNKNOWN) NO	U.S. ARMED FORCE (1F YES, GIVE WAR OR DATE			Betty Pitt	man 1741			St.
		Conditions, if ony, vigove rise to imme couse (o), stating underlying cause	DUE TO	, OR AS A CONSEQU	DENCE OF MA of	the Esophagus				
	IFICATION					NOT RELATED TO THE TERM	INAL DISEASE OR CON		VEN IN PART 1	
2	CERTIFICA	190. DATE OF OPERATIO		ndition for which Operation was performed			YES NO X	IN CERTI	IFYING CAUSES	OF DEATH?
7	MEDICAL CE	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	USE OF DEATH HOUR	E OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	MED	216. INJURY OCCURRE	(AT HOM	CE OF INJURY E, STREET, FACTORY, OFFICE,		21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
			A	11 6 19		nd that in (📆) (our) apinion (deoth occurred on the d	ote and ha		
	-	Manga 1		grow 1	uso	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN	220. DATE	SIGNED
1		276 PHYSICIAN'S NAM	ollymore/	M.D.		C/O Maryla	nd General	Hosp:	ital	

23c. NAME OF CEMETERY OR CREMATORY

Church Cem

CTATE OF MARYLAND

DHMH - 16 50M 4/82 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu

24. FUNERAL DIRECTOR

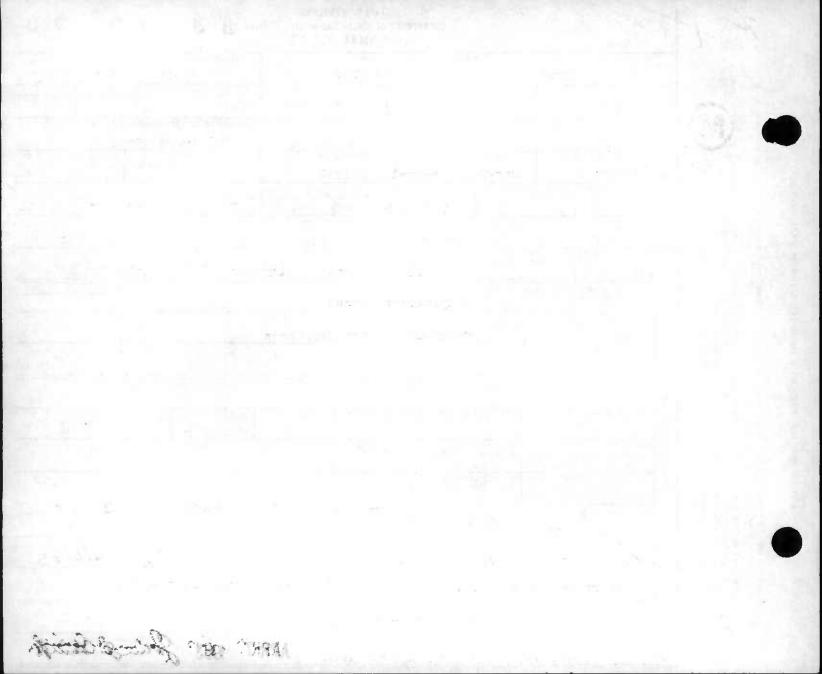
230 BURIAL, CREMATION, REMOVAL (SPECBURIAL)

1101 E. North Ave. March F/H

23b. DATE 4/9/83

23d LOCATION EMF1eld APR 7 1983

N.C. STATE



ANNA C. WHITE April 26, 1983 4. RACE 5. DATE OF BIRTH Female White 1889 May 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland WIDOWEDXX Baltimore City. Belair Convalesarium Housewife Baltimore USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. CITY OR TOWN 13e. STREET ADDRESS Baltimore 21234 Maryland 8352 Edgedale Rd. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Welsh John Annie 16a. WAS DECEASED EVER IN U.S. 213-03-5689 VeronicaC. Collier Baltimore, MD 18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 DIVISION OF VITAL RECORDS 200 AUTOPSY? 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION NO 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE aspiral) attended the deceased fram 22a.1 certify that (1) 1th saw the deceased of abave (1) (we) (did

DECEASED NAME

IN CERTIFYING CAUSES OF DEATH? and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY Burial Apr. 29, 83 Holy RedeemerCemetery Baltimore. William E. Johnson8521 Loch Raven Blvd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

12b. KIND OF BUSINESS OR

Stapleton

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

INDUSTRY

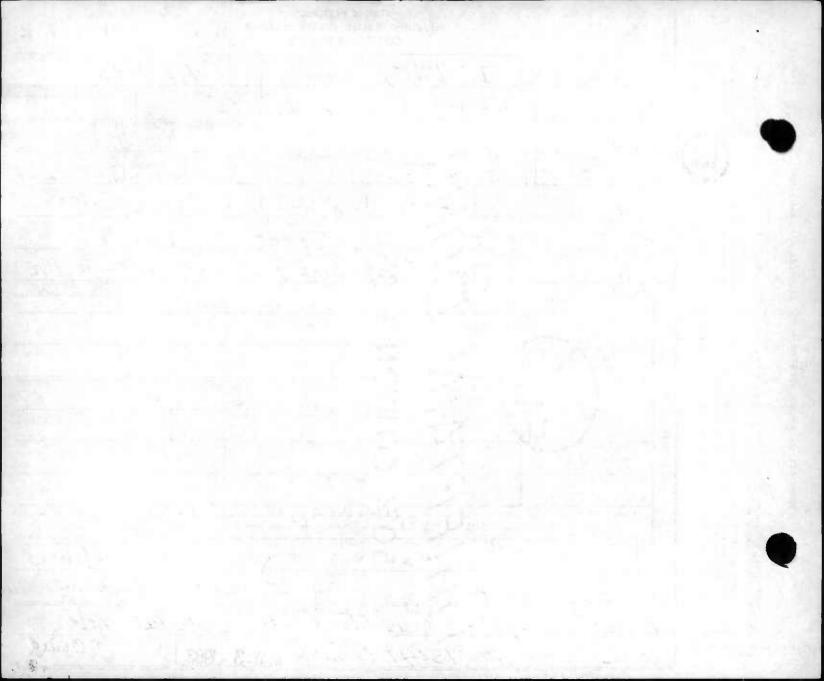
20b. IF YES, WERE FINDINGS USED

DHMH-16 30M 2/80 (VRA 15, 4)

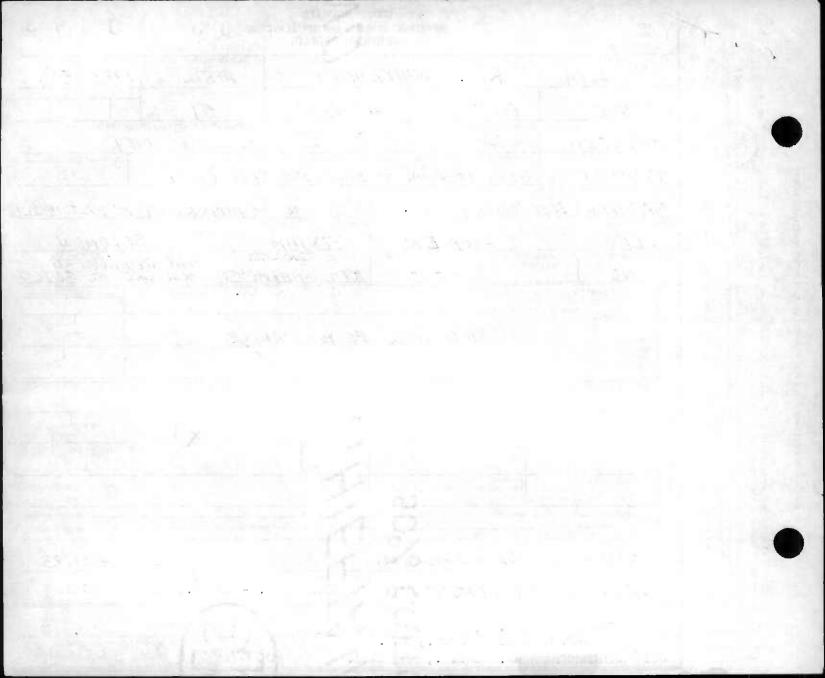
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	N. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be	
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	TO HOSPITAL OR ATTENDING PHYSICIAN	retained by the hospital
		lan.

1	500	STATE OF MARYLAND							
1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	10392						
	ECEASED NAME FIRST	R I WITE LAST 20 DATE OF DEATH MONTH	7 8 3 26 HOUR						
3. SI	M.	1. RACE NEGRO 5. DATE OF BIRTH DAY YEAR SS SIRTHOAY) NEGRO 10 11 47 85 YEAR YEAR YEAR YEAR YEAR YEAR YEAR YEAR	MONTHS DAYS HOURS MI						
7a. E	SIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF COUN	Balto.						
200	BALLO!	11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVES IRREI ADDRESS) WATERS OWER (TYPE OF WORK FOR MOST OF WORKING TO WORK FOR MOST OF WOR	GLIFE) 126. KIND OF BUSINESS (INDUSTRY COMMENTS)						
30 Bac	DAL RESIDENCE (IF NURSING HOME OF STATE 13b, COUL	\$ALTO YES \$ NO □ 1400 8. Mad	100m 21905						
00	W. FIRST H.	MIDGLE / TE LAST ST ST ST ST MAIDEN NAME ST MIDDLE BL	UNTTAST						
	WAS DECEASED EVER IN U.S. AF (YES, NO OLUNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Q15-05-2127 LILLAN GOODEN 44400 L	APLATA AUX						
event, the	PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), and (c). 1.D BY: TE CAUSE (a) GENERALIZED CARCINO MATOSIS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT						
Umbrile	1539 Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF							
	gave rise to immediate couse (0), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF CARCINOMA OF 1HE COLON							
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)								
CERTIFICATION	196 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO						
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	18 PART (OR PART ?)						
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE						
21 is mo	saw the deceased alive on	ital) attended the deceased from with the late of the	nour and from the causes stated						
F Fee	PASIGNATURE D. N.	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	5/2/1983						
1	JOSEPH D. N	OTARANGELO, M.D. 301 ST. Paul Pl.	BALTO. MO. 2						
230.	BURIAL, CREMATION REMOVAL	5/5/83 236 NAME OF CHEETERY OF GREMATORY 23d LOCATION OF THE CHEETERY OF GREMATORY 23d LOCATION OF THE	O COUNTING STATE						
24 F	UNGRAL DIRECTOR SIANE	end Home 1324 M. Centular MAY 3 1983	ISTRAR'S SIGNAPORE						



1	1.	FOR STATE REGISTRAR	DEPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	0 3 9
2 3		CEASED NAME FIRST	MIDDLE LAS	HAUSE	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	3. SE	LITA	L. WHITE		6. AGE (IN YEARS LAST BIRTHDAY)	1983 5-
	J. 3E	EFMALE	CAUC. MONTH	1 19/22 YEAR	51	MONTHS DAYS HOURS
08	7a. BI	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY? 8.	7/02	9. BALTIMORE CITY OR COUNTY	OF DEATH
割り	1	MEYLAND	USA MARRIED WIDOWED	NEVER MARRIED	BALTIMORE CI	TY
Oliffed	1 Promo	OLTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR (IFNOT IN SUCH FACILITY, GIVE STREET ADDRESS) SINAI HOSPITAL OF	BALT., INC	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINES
33	13a, S	LESIDENCE (IF NURSING HOMOR TATE PARYLAND BALL	OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION) ITY 13c. CITY OR TOWN 7. COUNTY 7 BALTO.	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 5 HIDDENWOOD	CT BALT, M
2/2/	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	ME MIDDLE	LAST
18/10		LEE	LIBAUER	BERTHA		OLOMON
2		(IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 216-30-8002	17 INFERONARYXXXX	/// 0/-0	DIWOOD PD
any injury, or other troumatic eve	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) METASTATIC DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT N 19b. CONDITION FOR WHICH OPERATION		NAL DISEASE OR CONDITION GIV	EN IN PART ITO
N.S.	TIFIC					YING CAUSES OF DEATH
dem 18 sp		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 P	ART (OR PART 2)
-	MEDICAL	21d. INJURY OCCURRED		211. LOCATION STREET	CITY OR TOWN	COUNTY ST
rkedo	_	AT WORK				
21 is marked or Hem 18 sh		220.1 certify that (1) (this haspi	tal) attended the deceased from	that in (my) (aur) apinian d	eath accurred on the date and hau	
uT. If Item 21 is marked a	3.1%	22a.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNAPURE	Stephenson, MD	I that in (my) (aur) apinian d EGREE ATTENDING PHYSICIAN	leath accurred on the date and hau	
IMPORTANT: If them 21 is marked or		22a. I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNAPURE	Stephenson, MD	I that in (my) (our) opinion d EGREE ATTENDING PHYSICIAN	leath accurred on the date and hou	r and from the couses stat



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-	2		-	
/	Ø	10		

STATE OF MARYLAND

52		
U		
	REG NO	

1	1-	FOR STATE REGISTRAR		FICATE OF DEATH	REG. NO	10394
		CEASED NAME FIRST MARI	E WHITTEM	OR E	APRIL AGE (IN YEARS LAST BIRT	MONTH DAY YEAR 26 HOUR 8 1983 M HOAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	E	EMALE	WHITE FE	B. 2 1902	8	YRS.
>	10. BIR	RTHPLACE (STATE OR FOREIGN) OUNTRY) ARYLAND	U.S.A. WIDOW		BALTIMORE CITY OF	TORE CITY MD.
1	10. CI	ALTIMORE	11. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 24 N • E AST AV	ENUE 21224	120, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	12b. KIND OF BUSINESS OR EWORKING LIFE UNDUSTRY
>	130. 5 MA		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ITY BALTIMORE		130 STREET ADDRESS	TAVENUE
Ç	14. FA	THER'S NAME HENRY S	CHALITZKY	DELLA	HOUCK	LAST
		VAS DECEASED EVER IN U.S. ARA (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO.	EUGENE V	AN BLARG	SS GAN 24H, FAST AVE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1013	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	sculh ac	odmi	unulis
	NOLLY	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT		INAL DISEASE OR COND	OITION GIVEN IN PART TO
	CERTIFICATION		This condition vol. which of Enance		YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
	MEDICAL CEI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	P.M. 19		ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
	WED	21d INJURY OCCURRED THE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
Ų		220.1 certify that (1) this haspit saw the deceased alve on above, (1) (we) (did) (did por	tal) attended the deceased from 19 82, a	and that is my (aur) apinian	death accurred on the do	the and haur and fram the causes stated
		SIGNATURE CONTROLLED	How	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	
1		22d. PHYSTCIAN'S NAME (TYPE OF	R PRINT)	22e. ADDRESS		

DHMH - 16 50M 4/82

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attentional be detached for use as the busial straint permit. Their places remake with the State Dept. of Mealth and Mental Hygiene prior to buriol, cremation

MPORTANT: If hem 21 is marked or

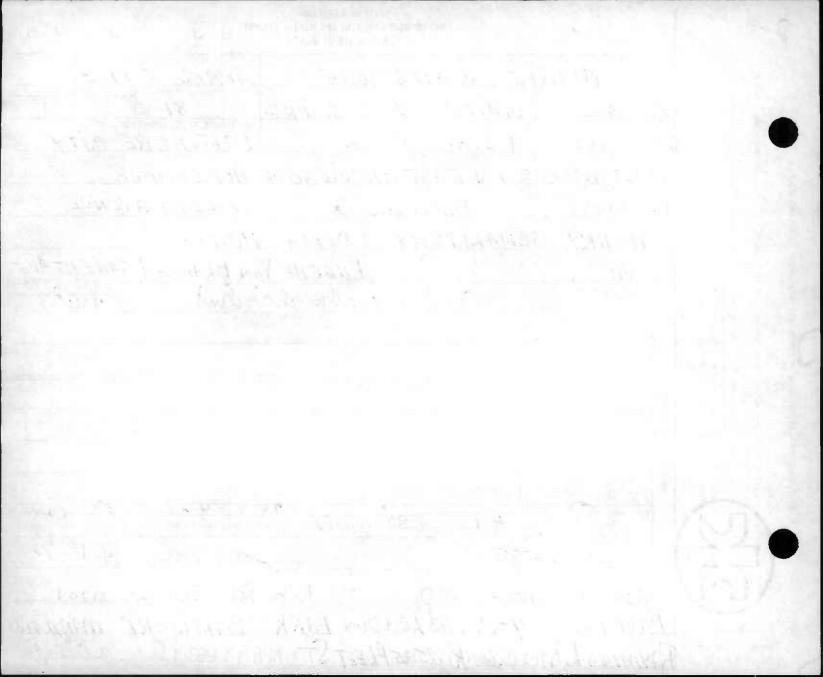
ATTENDING PHYSICIAN, The

236. DATE

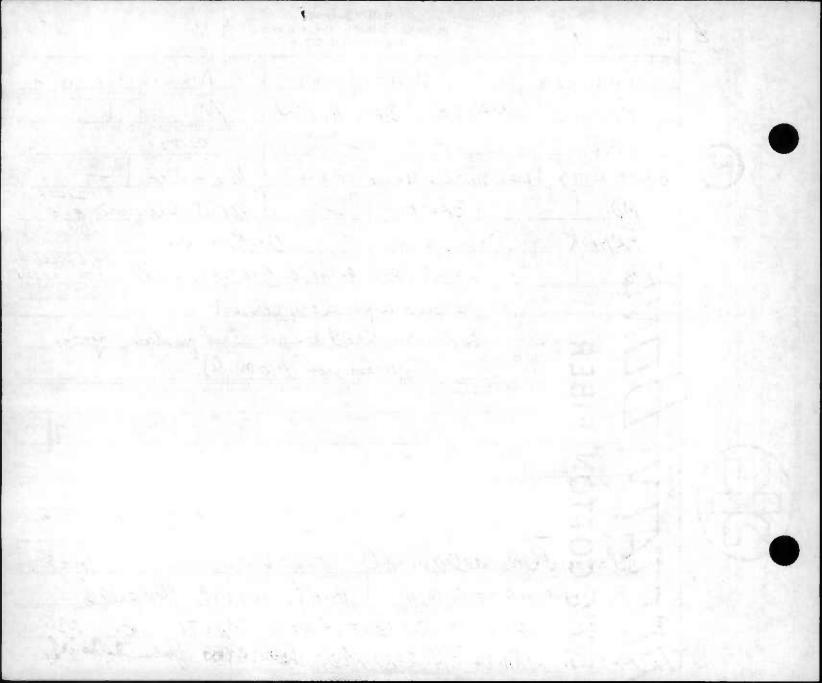
CREMATION, REMOVAL

23C NAME OF CEMETERY OR CREMATORY LOUDON PARK

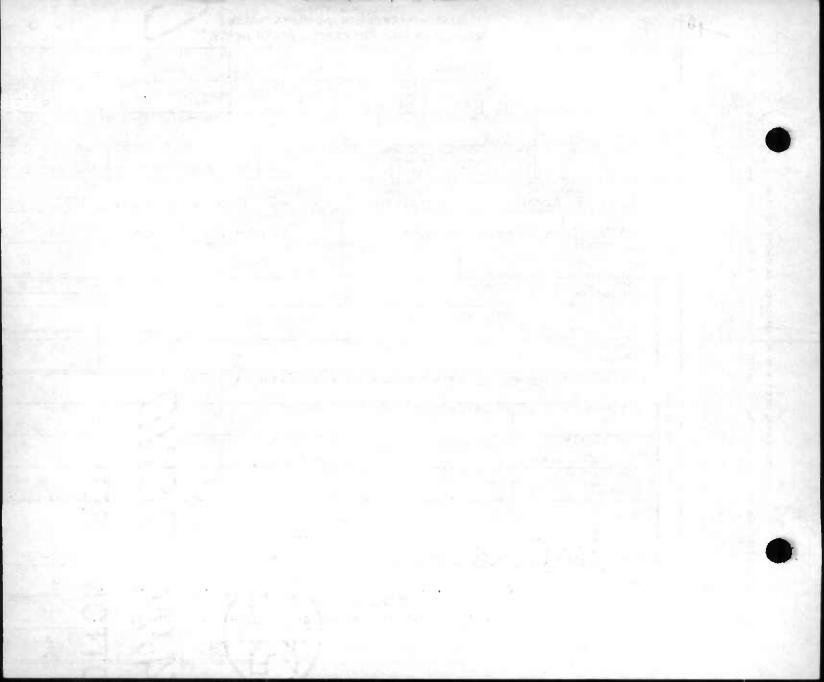
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1	1				STAT	E OF MARYLAND				
8		FOR STATE REGISTRAR	1		CERTIF	ICATE OF DEATH	REG. N	0.	0 3	9 5
£		ERGISTARE REGISTARE REGIST								
				V	VIAT	ROWSKI	APR	16 13,	983	12'S A M
	3. SE	× F	4	RACE	5 DATE C	DAY YEAR A	6. AGE (IN YEARS LAST BIR			II OTTOER ZATIKA
	200			WAITE	DE	C 11, 1904	18	REG NO. 20. DATE OF DEATH MONTH DAY YEAR 28. HOUR APRIL 13, 1983 12 A M AGE (INYEARS LAST BIRTHDAY) PROUDED TO PROPERTY OF COUNTY OF DEATH CITY MONTHS DAYS HOURS MIN. 128. USUAL OCCUPATION (TYPE OF MORE FOR MOST OF WORKING LIFE) MIDUSTRY 30. SIPEET ADDRESS ADDRESS 21 214 MIDUSTRY ADDRESS 29 10 D; LLOW ADDRESS 20 D; LLOW ADDRESS 20 D; LLOW ADDRE		
135	70. B	COUNTRY) MI	OR FOREIGN 7	b. CITIZEN OF WHAT COUNTR	MARRIE				OF DEATH	MD
000	10 C	ALTO C	DEATH	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME C	BOH.	TYPE OF WORK FOR MOST C	F WORKING LIFE)	12b. KIND OF INDUSTRY	F BUSINESS OR
325	USU 13a.	AL RESIDENCE (IF	NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BY	NWN	138 INSIDE CITY LIMITS?	13e. STREET ADDRESS	/ .		1224
1	14.5	THER'S NIAME		DAG	0,		1101 0.	LINU	100D	IF UNDER 24 HRS. HOURS MIN. MDDF BUSINESS OR 2/214 AUG. ST O D; CLOW 2/224 AUG. ST ONSE! AND DEATH ONSE! AND DEATH ONSE! AND DEATH STATE that (II) (Me) last causes stated SIGNED
	14.7.	FRA	uk "	SIEWIER	ski'		MIDDLE		LAST	
medical		VAS DECEASED E			CURITY NO -8695	17 INFORMANT	OWSIANI ADDRI	ss ecki	2910	2/22
jury, ar ather traumatic	N	gove rise to cause (a), s underlying co	immediate tating the ause lost	DUE TO, OR AS A CONSEC	ouence of			DITION GIVE	N IN PART 110	2rs
ws any in	CERTIFICATION	19a DATE OF OP	ERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED		IN CERTIFY	ING CAUSES	OF DEATH?
or Item 18 sho		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. MONTH		21c. HOW INJURY OCCUI				NO []
irked ar II	MEDICAL	21d INJURY OCC	URRED OT WHILE	21e. PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
21 is mo		saw the dec	eased alive an	12 am 83 10		. 17	to 13 a	n, 19		
T. If Item		22h SIGNATURE	neudl	Beachai	n ml	ATTENDING	MEDICAL STAI	F IAN []	22c. DATE S	
IMPORT AN		22d, PHYSICIAN'S	ARRED ON EVER MARRIED NEVER MARRIED SALTIMORE CITY OR COUNTY OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 170 EVENT HOME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 170 EVENT HOME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 170 EVENT HOME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 170 EVENT HOME OR OTHER PROBLEMS 170 EVENT HOME OR OTHER INSTITUTION 170 EVENT HOME OR OTHER PROBLEMS 170 EVENT HOME OF THE PROBLEMS 170 EV							
3 4	23a.	BURIAL, CREMATION POLIFY)	ON, REMOVAL	23b. DATE 23b. DATE 4-16-8.3 5	AC. HEA	EMETERY OR CREMATORY	23d LOCATION BACTO	2. 0	COUNTY	MDSTATE
M 1/81 4)	24 F	JNERAL DIRECTO	R T	Who The Froposis	2000	1/275 250 DA		ST REGISTRA	ARQ SIC PATU	Ruf



STATE OF MARYLAND



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital ar attending physician.

BP.

within 24 haurs after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral differant along a should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within 72 term, after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

Exdm

injury, ar ather traumatic event, th

IMPORTANT: If them 21 is marked at them, 18 shaws any

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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	REGISTRAR				CERTII	ICAIL OI DEATH	REG. 1	10.		
	EASED NAME	FIRST	N	NODLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
TYPE	OT,	SEPH	HH:	NRY	WIT	EBER		4/9/8	3	B: 3011
. SEX			RACE	LVZC X	5. DATE O		6. AGE (IN YEARS LAST B	1///	UNDER I YEAR	IF UNDER 24 HRS
	Male		Whit	e	Fe		7		NTHS DAYS	HOURS MIN.
a. BIR	THPLACE I STATE OF	FOREIGN 7	USA	WHAT COUNTRY	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY Baltimo	OR COUNTY O	FDEATH	
	Y OR TOWN OF DE	ATH 1	01-01-1	IOSPITAL NURSI	NG HOME	ED DIVORCED DIVORCED DIVORCED	12a. USUAL OCCUPA		12h KIND (OF BUSINESS OR
Ba	ltimore	X	St. A	eres Hos	D.		Lead (Len	OF WORKING LIFE)	BOO	
USUA 130. Si	IL RÉSIDENCE (IF NUF TATE Md.	No COUNT	rundel	13 CITY OR TO V	WN	13d. INSIDE CITY LIMITS? YES NO 🛣	8070 Belh	aven Av	e. 21	122
4. FA1	Joseph	M	ioous A	Wie	ben	15. MOTHER'S MAIDEN NA	AME		1.4	eg fried
	AS DECEASED EVE	R IN U.S. ARN	ED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDI	RESS		01
(4)	es your unknown	"WW	WAR OR DATES)	212-03-	2207	Marquerite 1	A. Wieber	same as	13	
CATION	gove rise to im couse (a), stati underlying cous PART 2 OTHER SIG	ing the last.	(c) ONDITIONS <u>CO</u>		FAX.	NOT RELATED TO THE TERM	MINAL DISEASE OR COI	20b. IF YES, V	VERE FINDI	
Ī	4/4	183	RU	ing lesio	m;	nalfunction of	YES NOTE	YES	CAUSES	NO [
CAL	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEE 21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK	CAUSE OF DEAT	P.A 21e. PLACE C	и. МОПТН [и.	19	216. HOW INJURY OCCUR.	CITY OR T		COUNTY	STATE
	22a. I certify that (I saw the decea above. (I) (we)	sed olive on_	view the body	9 19		nd that in (my) (our) apinion	death occurred on the	date and hour a	nd from the	that (I) (we) last causes stated
	22b. SIGNATURE	Z	Low	fer		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22¢ DATE	SIGNED
	22d. PHYSICIAN'S N	IAME (TYPE OR		SE/	C	St. Agnes	Hospital			
3e. B	URIAL, CREMATION	, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	1	NIMUO	1 ASTATE
1	Burial		/13/	1983 (edant	till Com.	Brooklyn	Ph. Ann	e Aru	ndelma
_	NERAL DIRECTOR				Pasad	ena. Md. 25g. DA	TE REC'D. BY REGISTRA	REGISTRA	R'S SIGMA	TURE .

DHMH - 16 50M 4/B2 (VRA 15, 4)

NAME

Mountain

white two so the P - walthwee Chy Intringence II. Sugar as a Louis Lond Lond B. P. R. in. three manufel designs - x with left aven two. 2122 ward in teres and it stiplifed for Tri 2 - 212-11-2807 . Unquestion. Wishen, summer 13 ... Soldiner Course in the second of hearth and the first the first time translets - ma ultur, d. Houstain a dicenner win . 2002 - 1000 to be our

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0		
		OR PRINT)	ADA A	R.	Wall	IGINGTON	20. DATE OF DEATH	MONTH DAY	83	26. HOUR 270
M	3. SE:	FEMALE	4 RACE Wh	ite	5 DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 H HOURS M
		RTHPLACE (STATE OR FOR SOUNTRY) Virgin:		• A •	8 MARRIEI WIDOWE	DINEVER MARRIED DIVORCED	Baltimore city o			
(Cott	10 CI	ty or town of DEATH Baltimore	Balti	more Cit	NG HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOUSEWIF	ON		of Business
35	Ma.		HOME OR OTHER INSTITUTION LOS COUNTY	GIVE RESIDENCE BEFORE 13c CITY OR TOW Falssto	e admission) 'n)n	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 1818 Ar	abian	Way	2104
OC	14. FA	Joseph	WIDDLE	Davis	5	is mother's maiden nam Margar	AA IDIDI E		Fitz	geral
S medico	160 V	(AS DECEASED EVER IN	U.S. ARMED FORCES? IF YES. GIVE WAR.OR.DATES)	214-20-		Jane A. La	ADDRE			
sr other troumatic eve		Conditions, if ony, we gove rise to immediately course (a), stating	which (b)_	DR AS A CONSEQUE	ENCE OF	LACT INFECT			2 2-3	DAY S
iws ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIF				NOT RELATED TO THE TERMI	ZOO AUTOPSY?	20b. IF YES, WIN CERTIFYIN	ERE FINDI	NGS USED
rked or item 18 sho	MEDICAL CERT	210. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	SE OF DEATH HOUR A EXAMINER) P 21e. PLACE	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	19	211 LOCATION STREET		Y IN ITEM 18 PART	ORPART?)	STATE
OKLANI: If Ifem 21 15 mo		220-1 certify that (1) (the saw the deceased above (1) (we) (did 22). SIGNATURE	olive on 7/1/ (did not) view the body	ofter death.		d that in (our) apinion d DEGREE ATTENDING PHYSICIAN 120. ADDRESS	MEDICAL STAP	te and hour or		

23c. NAME OF CEMETERY OR CREMATORY

Apr. 14, '8 Baltimore National

William E. Johnson8521 Loch Raven Blvd.

ATORY 23d LOCATION CITY OF TOWN

DNAI Baltimore, Maryland

25d DATE RECD. BY REGISTRAR 25B RESTRAR'S SIGNATURE

APR 13 1982

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 50M 1/81 (VRA 15, 4) 236 BURIAL, CREMATION, REMOVAL
BÜrial
24 FUNERAL DIRECTOR

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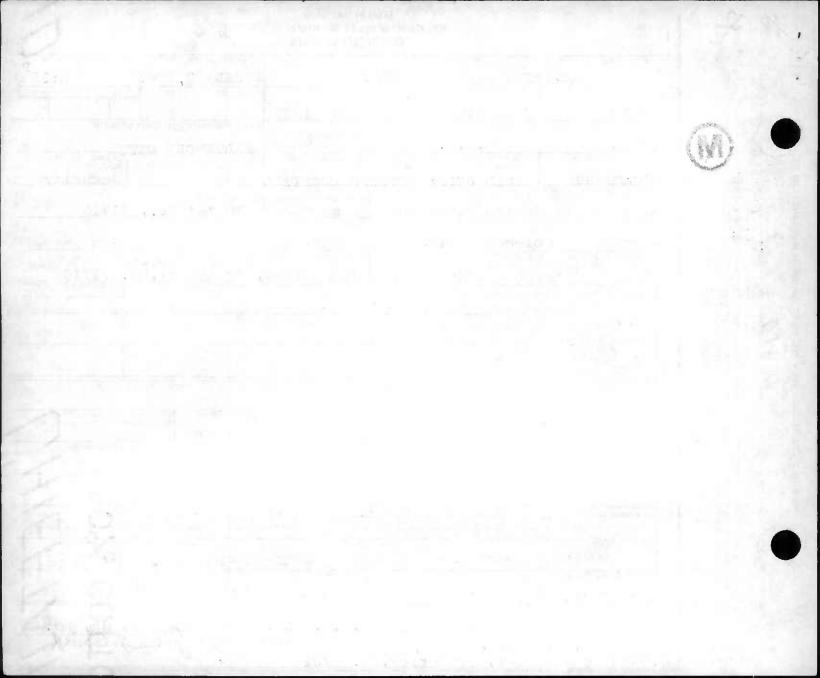
			STATE OF MARYLANI)
FOR - STATE REGISTRAR		DEP	ARTMENT OF HEALTH AND ME CERTIFICATE OF DEA	
ECEASED ALAME	eme t	MIDDLE	1 4 5 7	0. 7

G.Douglas Stauffer, Frederick, Md. 21701

473	20	1	()	4 3	27	- 5
0	3	1	0	5	7	

1	REGISTRAR				CERTIN	ICAIL OI	DEATH		REG. N	0.		
	DECEASED NAME	FIRST		MIDDLE		AŞT		20. DATE OF D	DEATH	MONTH E	DAY YEAR	26. HOUR
1	TYPE OR PRINT)	HOWAF	RD Le	ee	WILE	S		APRIL	22,	1983		6:35
3.	SEX	1	I. RACE		5. DATE C			6. AGE (IN YEA	ARS LAST BIR		IF UNDER I YEAR	
	Male		Caucas	sion	May	0.0	1929		5	3 YRS.	MONTHS DATS	HOURS MIN.
70	COUNTRY)	FOREIGN /	b. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D THEVER	MARRIED -	9. BALTIMOR	E CITY O	R COUNTY	OF DEATH	
1	Maryland		U.	S.A.	WIDOWE		NORCED []	BALT	TMOT	DE CT	D3Z	M
10.	CITY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN		OR OTHER IN	TITUTION	120. USUAL OF	CCUPATI	ION		OF BUSINESS OR
В	BALTIMOR	E	THE	JOHNS F		MC HC	CDTMAT	0	an .	F WORKING LIFE	_	urity
U:	SUAL RESIDENCE (IF NURS	ING HOME OR		GIVE RESIDENCE BEFORE	ADMISSION)						1.000	21107
	Maryland		erick	Brunswi		YES TO	NO [130. STREET AL 320	A	St.,	21716	5
14.	FATHER'S NAME	A	AIDDLE	ŁA5T		15. MOTHER	'S MAIDEN NAM	ME	MIDDLE		-111	AST
ł	Vernon	_	leman	Wiles	3	Be	rtie		MIDDEL		Fox	-3-
160	. WAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17. INFORM	ANT	320 "7	ADDRE	SS TOO		
1	(YES, NO OR UNKNOWN)	Kor	war or dates)	220-26-	5715	June	Wiles	Brur	ıswi	ck. Mc	ī. 217	716
1	I & CAUSE OF DEAT	H (Enter only	v ane cause ner									XIMATE INTERVAL NONSET AND DEATH
CEPTIEICATION	gave rise ta imir cause (a), statir underlying cause PART 2. OTHER SIGN	ng the last.	ONDITIONS CO	R AS A CONSEQUE	DEATH BUT			INAL DISEASE	1		EN IN PART 1	
1 2	4/22/43	. BOTHIC	thorn	tunsion.	0, 5,,,,,,	1 1 1 A 3 I E 11	OK/MED		NOM		YING CAUSE	S OF DEATH?
1	210. ACCIDENT WAS UNI	DERLYING T	21b. TIME C			21c. HOW 1	NJURY OCCURR					140
	00.001/00/01/01/0		A.		YEAR							
MEDICAL	(IF EITHER NOTIFY MEDI		21e. PLACE	M. OF INJURY	19	211 LOCAT	ION					
N.	WHILE NOT WE AT WORK AT WO	HILE		REET, FACTORY, OFFICE, F	ARM, ETC)	STREE			CITY OR TO	WN	COUNTY	STATE
	22a I certify that (I) saw the deceas abave, (I) (we) (ed alive an_	4/2	19	83, 01) (aur) apinian d	, ta	an the de	ate and have		
	226. SIGNATURE	on F	reifeld				ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAI PHYSIC		4/2	z/83
1	22d. PHYSICIAN'S N		-			22e. ADDRE		//.	1.1	21	, , , ,	
L	AUSON F	REIFE	1)			-40	hus Algoli	ins Hor	11/2/	-, 10al;	to. Mol	
23	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR	CREMATORY	23d. LOCAT	ION R TOWN		COUNTY	
1	Buri:	a l	4/26	/83 Fa	ith	II C C	Cem	CHav	100	wi116	TAL	Ma STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)



	STATE OF MARYLAN
OR	DEPARTMENT OF HEALTH AND ME

ARTMENT OF HEALTH AND MENTAL HYGIENE

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i.	. 5	
,	~	

REGISTRAR		CERTIFICATE	OF DEATH	REG. NO	D.		
1. DECEASED NAME FIRST	MIDDLE	LAST		2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
Thomas	F.	WILHELM	Jr.	April	30,	1983	9:20P M
3. SEX	4. RACE	5. DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	
Male	White	Apr.29		62	YRS.		
To. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	NTRY? 8.	VERMARRIED T	9. BALTIMORE CITY O	R COUNT	Y OF DEATH	
Balto. Co.	USA	USA WIDOWED DIVORCED		Baltimore City MC			
18. CITY OR TOWN OF DEATH		NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
Baltimore	APP	and General Hospital		Inspector Balto. Co.			
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b, CO	OR OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION) R TOWN 13d. INS	IDE CITY LIMITS?	130. STREET ADDRESS 13925 Ha	1.04		21136
4 FATHER'S NAME	MIDDLE LA		THER'S MAIDEN NA	WE			AST
Thomas			vie		iams		A31
160 WAS DECEASED EVER IN U.S.		SECURITY NO. 17. INFO	ORMANT	ADDRE			
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 213-	18-9362 Mr	s. Berth	ha R. Wilh	elm	Reist	erstown
IN CALICE OF DEATH STATE	anly one cause per line for (a),						DXIMATE INTERVAL
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON	SEQUENCE OF	· · · · · · · · · · · · · · · · · · ·				
	T CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RE	LATED TO THE TERM	AINAL DISEASE OR CON	DITION G	IVEN IN PART	la
19a, DATE OF OPERATION 19b, CONDITION FOR WHICE 21a, ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY		VHICH OPERATION WAS I	H OPERATION WAS PERFORMED		170PSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO		
	DEATH HOUR A.M. MONT	H DAY YEAR		RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF	(AT HOME, STREET, FACTORY,		STREET	CITY OR TO	WN	COUNTY	STATE
sow the deceased alive above, M (we) (did) (M)	spital) attended the deceased on April 30 White with a body after death.	_19.83, and that is	n (大) (our) opinion	, toApril death accurred on the do	30 ote and ha		
22b. SIGNATURE	Trut M		ATTENDING PHYSICIAN	MEDICAL STAI		4/3	10 83
22d. PHYSICIAN'S NAME (TVI	ent. M.D.		odress O Marylan	d General H	ospit	tal	

23c. NAME OF CEMETERY OR CREMATORY

TO FUNERAL DIRECTOR: After should be detoched for use os with the State Dept. of Health

retoined by the hospitol or

TO HOSPITAL

Burial 24. FUNERAL DIRECTOR Eline Funeral Home Reisterstown.Md (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

Karen Trent, M.D.

23b. DATE

May

4,83

Lake View Memorial Sykesville, Md

250. DATE REC'D. BY REGISTRAR 25b. RESTRAR'S SIGNA

APR 29 1983

23d. LOCATION

STATE

COUNTY

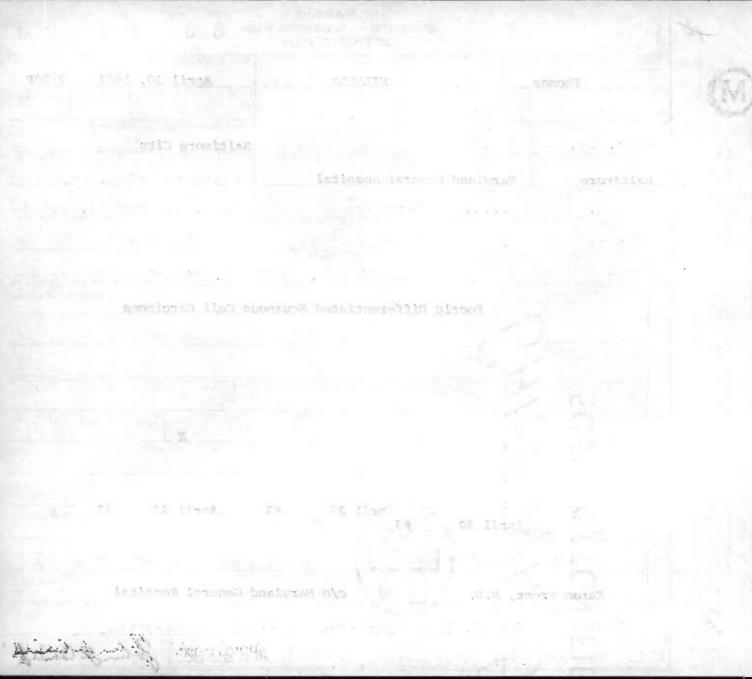
DHMH - 16 50M 4/82

and Mental Hygiene prior to burial, cremation,

MPORTANT: If them 21 is morked or them 18 shows

certificate has been

OR ATTENDING PHYSICIAN: The



STATE OF MARYLAND

3	3	0	4	0

1	- STATE REGISTRAR			DEP	CERTI	FICATE OF I	DEATH		EG. NO.	0 -	0 1
	ECEASED NAME PE OR PRINT)	DOR		G.	WILLI	AMS		2a. DATE OF DE	4/2	0/83	25 HOUR 8 50 A M
3. SE	Female		4. RACE Whi	te	5. DATE O	OF BIRTH DAY 26	YEAR 21	6. AGE (IN YEARS	LAST BIRTHDAY) YRS.	MONTHS DATS	
7a. 8	SIRTHPLACE (STATEO COUNTRY) Marylan		76. CITIZEN OF		MARRIE WIDOWI	D NEVER	MARRIED	9. BALTIMORE O	ITY OR COUNT		MD.
	BALTIMORE		UNIO	N MEMO	URSING HOME (STREET ADDRESS) RIAL HOS		TITUTION	120 USUAL OCC (TYPE OF WORK FOR Secre	MOST OF WORKING		OF BUSINESS OR
130.	Maryland ATHER'S NAME	13b. COUN		13t. CITY OR		136. INSIDE C	ITY LIMITS?		RESS Orthwick	Rd. 2	121.8
19.	Horace	,	Edwin	Gam	brill	Sara	FIRST	MI	DOLE	Pennir	ast ngton
	WAS DECEASED EVE (YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)		2-5207	Bruce		lliams 1	ADDRESS 610 Nort	hwick F	Rd. 21218
ATION	Conditions, if on gove rise to in cause (o), staff underlying court PART 2 OTHER SIG	nmediote ing the se lost.	(c)ONDITIONS CO	ONTRIBUTING	SEQUENCE OF		TO THE TERM		? 20b. IF YE	S, WERE FIND	INGS USED
MEDICAL CERTIFICATION	21a. ACODENT WAS UI OR CONTRIBUTING [(IF EITHER, NOTIFY ME) 21d. IN JURY OCCU	CAUSE OF DEA DICAL EXAMINER	P. 21e. PLACE	OF INJURY .M. MONTH	H DAY YEAR 19 DEFICE, FARM, ETC.)	211. LOCATION IN STREET	ON	RED (ENTER NATURE	X	FYING CAUSE ES	S OF DEATH? NO STATE
	22a.1 certify that (sed olive on (did) (did not	view the body		_19, o	DEGREE	ATTENDING PHYSICIAN	, 10	the date and ha		
230.	BURIAL, CREMATION (SPECIFY) Burial	A)	23b. DATE 4/23/8	CASt	236 NAME OF C			23d. LOCATIO CITY OF TO	NWO	Piter	Reltime Md.

TO FUNERAL DIRECTOR:

TO HOSPITAL OR ATTENDING PHYSICIAN. The lo

DHMH - 16 50M 4/82 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

24. FUNERAL DIRECTOR Mitchell-Wiedefeld

6500 York Rd.

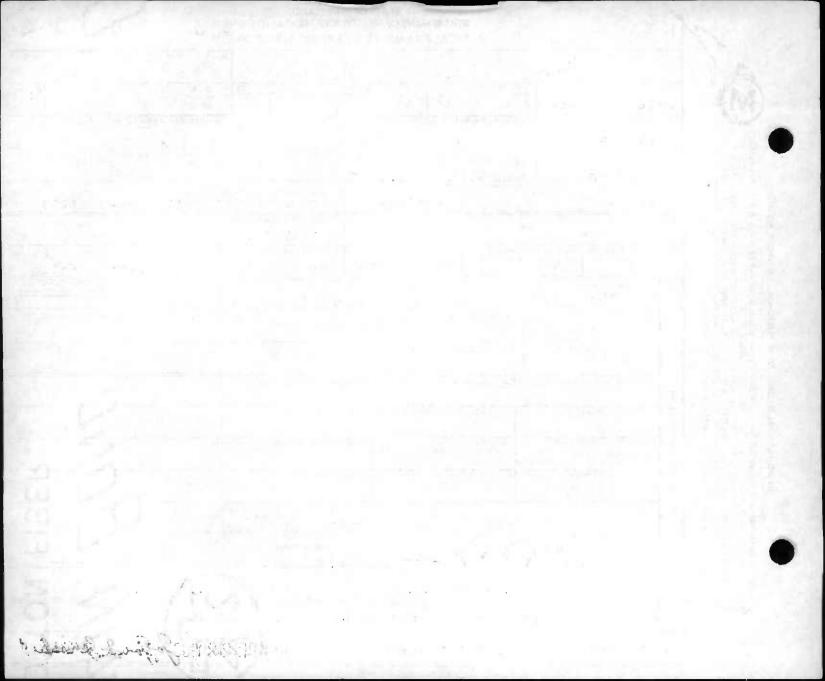
Prospect Hill Cemetery Towson Balt.

250. DATE REC'D. BY REGISTRAR BY REGISTRAN BY REGISTRAR BY REGISTRAN BY REGISTRAN BY REGISTRAR BY REGISTRAR BY REGISTRAR BY REGISTRAN BY

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American					

2/	FC ST			DEPARTM	ENT OF H	EALTH		ENTAL H	0	.3		1 0	64	0	2
0	RE	GISTRAR	WE	DICAL EX	XAMINI		ERTIFIC	CATEO			REG. NO		2	WE AR	a nous
		OR PRINT)						10		OF	NOWN ESTI-		DAY	YEAR	25 HOUR
y 50	EV	LEST	S DATE OF BIRTH	J.	. AGE (IN YEAR		LLIAN DER 1 YR.	IF UNDER		DEATH A	AATED [MONTH	21 T	19 83 YEAR	M HOUR
	a		MONTH DAY	43	LAST BIRTHDA	MONTH:		HOURS		DEAD	ED	4	0.1	. O.7	4:484
15	BIRT	HPLACE (STATE OR	76 CITIZEN OF W			8	-X-	l	9. B		RE CITY O	OR COUNT		19 83 EATH	la M
M	FORE	gn country) ryland		S.A.		MARRIE	_	VER MARRIE		2-1+1	mara	— City	,		AAD
		OR TOWN OF DEATH	II. NAME OF HOS	SPITAL, NURS					12a USUAL		TION (TYP		12b. KIN	ID OF BU	
		Baltimore	4940 CL						POR MOSE	OF WORKIN	WG LIFE)			11100311	
13a.	JAL STA	RESIDENCE (IF IN NURSING HOM	OR OTHER INSTITUTION, G	13c. CITY C	FORE ADMISSIO		13d. INSIDE C	NO [13e. STREET 2301	ADDRESS L Ca	s 110w	Ave	2 . 2	121	7
	_	HER'S NAME FIRST	WIDDLE	LA	ST		F	ER'S MAIDE		MICE	DLE		Cos	AST	
		S DECEASED EVER IN U.S. A		16b. SOCIA	AL SECURITY	NO.	17. INFOR		16		ADDRESS	5	008		Pkwy
	(YES,	NO, OR UNKNOWN) (IF YES, GI	E WAR OR DATES)	214	-40-9	174	Crar	nston	Cost	оу 1	610	Gwyn	ins		
NO		Canditians, if any, white gave rise to immedia cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITION	ATE CAUSE (a) DUE TO, OR (b) C DUE TO, OR (c) (c)		EQUENCE O	DF DF NAL OISEASE	OR CONDITIO	IN GIVEN IN PAI		o i sea	ase				
/ 3		98. DATE OF OPERATION	19b. CONDI	TION FOR W	HICH OPERA	ATION W	AS PERFOR	RMED?						UTOPSY?	
MEDICAL CERTIFICATION	7 00	IIO. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH P.A	A. MONTH I	19			OCCURRE	D SENIER NATO	URE OF INJUR	RY IN ITEM 18	PART 1 OR PA		ES K	NO []
MED		MHILE NOT WHILE AT WORK		OF INJURY TORY, FARM, ETC		21f. LOC 51	REET		CI	ITY OR TOWN	٧	co	YINU		STATE
7	E	ACTUAL ACTUAL SIGNATURE	rge of the remains de tural couses X Ann M. Dix	Accident (D. Sui	/	Hamile (S	specify) istant	Undeterm MEDICA Penn	St.,	ner,		ED 4-	-21-8 2120	
	(SPE	RIAL, CREMATION, REMOVAL B'URIAL	23b DATE 4/26/83	23c. N/	ount	Aubu	cremate irn (Cem.	Bal	CTION CE'im	ore	coui	NTY	Μď	ATE
		NERAL DIRECTOR March F/	H Inc. 11	51 E	North	Ave		APF	REC'D. BY RE	GISTRAR 983	256 7 G	ISTRAR'S S	LG	JRE	4

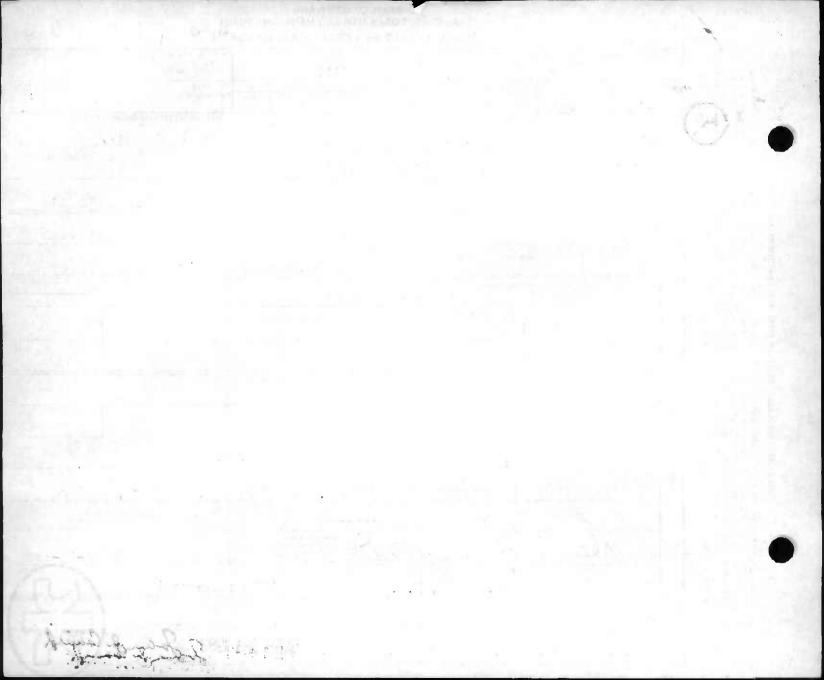
20M 4/82



March F/H Inc. 1101 E North Ave.

DHMH - 17

(VR A15 ME (5)) 20M 4/82



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled **

hauld be detached far use as the burial-transit permit. Then please remave carbanpape A ith the State Dept, of Health and Mental Hygiene prior ta burial, cremation, ar remaval.

IMPORTANT: If Item 21 is marked or Item 18 shaws any

24 FUNERAL DIRECTOR

Walter Brooks Bradley, Inc., Dundalk, Md. 21222

injury, ar ather traumatic event, the

1		-	FOR STATE REGISTRAR
_	_	_	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A	.5
J	

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0.		
	1. DECEASED NAME FIRST (TYPE OR PRINT) ROW		tledge	67.6	ILLIAMS, Sr.		MONTH [3	26 HOUR 5:45a M
	3. SEX Male	4 RACE Whit	e	5. DATE C	DF BIRTH 20/5/1905	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	HOURS MIN.
5	Balto., Md.	76. CITIZEN OF	WHAT COUNTRY?	I n	D X NEVER MARRIED	9 BALTIMORE CITY O Baltimo	-		MD.
1	Baltimore	11. NAME OF I	OSPITAL, NURSIN HFACILITY, GIVE STREET A and Gener	G HOME C	OR OTHER INSTITUTION OSpital	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Fire Inspe	F WORKING LIFE		
- 10	USUAL RESIDENCE (IF NURSING HOAT 130. STATE 13b. C	ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE 136. CITY OR TOWN Baltimo	N	13d INSIDE CITY LIMITS? YES MO	3218 Woodr			21234
1	14. FATHER'S NAME FIRST Harry	Monroe	William	ns	IS MOTHER'S MAIDEN NAME OF THE MARKET IN THE	ME		_	OWN
	160. WAS DECEASED EVER IN U.S	S. GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDRE			
	(YES, NO OR UNKNOWN) (IF YE		213.05.1	.886	Mary C. Will	liams (Wife)	(Sa	me as	13e) KIMATE INTERVAL LONSET AND DEATH
		h (b)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CONI	DITION GIV	EN IN PART I	ia:
1	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOW		S, WERE FIND YING CAUSE S	
	OR CONTRIBUTING CAUSE C	MINER) HOUR A.	m. month da m.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	IY IN ITEM 1B P	ART 1 OR PART ?}	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WM	COUNTY	STATE
	22a. I certify that (*(this his saw the deceased alive abave *(we) (did) (did) (22b. SIGNATURE	e on April (Not view the body (YPE OR PRINT)	alter death.		DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF	FIAN	22c. DATI	that X (we) lost e couses stated E SIGNED 12/83
	Michael A.			LAME OF C	c/o Maryla	and General	Hospi	tal	
	230 BURIAL, CREMATION, REMO	236. DATE 4/13/			Mount Crematory	CITY OF TOWN	re	COUNTY	aryland

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2	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		8 3 REG. NO	1 0	4 0 5
m ÷		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST				AR 2b. HOUR
deod		Spence	VV 1	Williams		ril 13,		11:26 ^a _M
	3. SE	M	A. RACE	5. DATE OF BIRTH		(IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
V		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTI	MARRIED NEVER MARRIE	D '-1		re City	TH MD.
by the fulled with	1	TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACTITY, GIVE STI Marylang) Gen	RSING HOME OR OTHER INSTITUTION REET ACCRESS) eral Hospital		VORK FOR MOST OF		IND OF BUSINESS OR STRY
in ad blue 1322	130. 5	TATE 13b COU	R OTHER INSTITUTION, GIVE RESIDENCE BE NTY 136, CITY OR T	TATO, 13d. INSIDE CITY LIM		EET ADDRESS	TiVer	957.
ond 2 s	1	FRE ddie	MIDDLE WILLIAM	ms SAMA	th.	7UA	NTele	1 CAST
Pages Pages medical		VAS DECEASED EVER IN U.S. AI LES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SI	ECURITY NO. 17. INFORMANT TRANS	cis (19Les	64 11	9 CUIVE
d by the attending physici lease remove corban paper ial, cremation, or removal. or other traumatic event, th		PART I. DEATH WAS CAUS 4100 IMMEDIA Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	ive Heart Failure OUENCE OF Ial Infarction OUENCE OF				ween onset and death
been signe rmit. Then p prior to bur ony injury,	CATION	PART 2. OTHER SIGNIFICANT		TO DEATH BUT NOT RELATED TO THE		EASE OR CONE	20b. IF YES, WERE F	INDINGS USED
the hos	CERTIFIC				YES	NOKK	YES [NO [
ertificate ial-trons ntol Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR	HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENT	ER NATURE OF INJUR	Y IN ITEM 18 PART I OR PAI	RT 2)
s the burn ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE, FARM, ETC) 21f LOCATION STREET		CITY OR TO	AN COUN	TY STATE
ECTOR: Af			ntal) attended the deceased from April 13	9, and that in (X y) (aur) a	83 , to_	April curred an the da		n the causes stated
RAL DIR detache State Dep NT: If the		lin -	les Hun		DING MEDIC	CAL STAF	F va	1/13/83
should be with the S			Hwu, M.D.			eneral H	Hospital	
13		SUN, AL	23b. DA/E / 23b. DA/E / 2	36. NAME OF CEMETERY OR CREMA Cheltenham	NHT.4 C	OCATION CITY OR TOWN he/ter	WHAM /	m & STATE
- 16 50M 4/B2 RA 15, 4)	24 FU	INERAL DIRECTOR	ADORES		APR 15	1983	REGISTRARIS SIG	swelf

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR				CERTIF	CATEOF	PEATH	REG. N	0.			
		CEASED NAME	FIRST		MIODLE	(AST		20. DATE OF DEATH	MONTH	OAY YEAR	2b. HO	UR_
	(TYPE	OR PRINT)	ALBERT	[]		WILLI	S SR			4	27 83	7	37 M
	3. SE>	X .		4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR		R 24 MRS
		Male		В	lack	11	23	40	42	YRS.	MONTHS DAYS	HOURS	MIN.
	7a. BII	RTHPLACE (STATE	OR FOREIGN	b. CITIZEN OF	WHAT COUNT	RY? 8.	□ NEVER	MAPPIED [9 BALTIMORE CITY	R COUNT	TY OF DEATH		1000
0		Alabama		U.S.		WIDOWE	D D	VORCED 🖔	BALTI	MORE	CITY		MD.
ļ	10. C1	TY OR TOWN OF I				RSING HOME C REET ADDRESS) IAL HOS		MOITUTIT	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		LIFE) 12b, KIND (ESS OR
_	USU/ 13a. S	AL RESIDENCE (IF N	HILL COUN	OTHER INSTITUTION	GIVE RESIDENCE BE		13d. INSIDE (ITV LIMITS?	13e. STREET ADDRESS				
5		aryland	, and a second			imore	YESXX	NO 🗆	1138 E N	orth	Ave.	212	02
į	14. FA	THER'S NAME		NOOLE	LAST		15. MOTHER	S MAIDEN NAM FIRST	WIOOLE		LA	157	
Z.	24- 24	Thonie		IED CODCECS	Will	1 S ECURITY NO.	170150011	-	ABOR	-			
		ES NO OR UNKNOWN)		WAR OR OATES)					1737 E ABO		Street		
		No			410-5	2-/363	Cath	erine	Moye 1138	EN		AVEN	
	NO	PART 2. OTHER S	immediate ofing the use last.	(b)	R AS A CONSE	QUENCE OF		O TO THE TERMI	nal disease or con	DITION G	5 d	ays	
	CERTIFICATION	19a. DATE OF OPE	RATION	196 COND	ITION FOR WH	ICH OPERATIO	WAS PERF	DRMED	20a AUTOPSY?		ES, WERE FIND		
	RT			AU TIME O	F Is I I I I I I I		Tai uovus	Luny coduces	YES NO		YES 🗌	NO [
7		210. ACCIDENT WAS OR CONTRIBUTING		HOUR A.	M. MONTH	DAY YEAR	ZIC HOW IF	AJURT OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	B PART OR PART 2)		
	MEDICAL	(IF EITHER, NOTIFY A		P. 21e. PLACE	M.	19	211. LOCATI	ON	-				
	ME	WHILE NO	T WHILE WORK		REET, FACTORY, OFFI	ICE, FARM, ETC)	STREE		CITY OR TO	WN	COUNTY		STATE
		22a.1 certify that			7 -	m 4/	25	, 19 <u>63</u>	_, to <u>4</u>	27	19 8 3	, that (I)	(we) lost
		sow the dec	eased alive an	yiew the bady	ofter death.	9 <u>83</u> , an	d that in (my	(our) apinian d	eath occurred an the d	ate and ha	our and fram the	couses st	tated
	199	226. SIGNATURE	1/4/	10.			DEGREE	ATTENDING	MEDICAL STA	FE	IIL DATE	SIGNED	/
		//	11101-	for	MI	10		PHYSICIAN	DIRECTOR PHYSIC		9	127	183
		226. PHYSICIAN	- 1	- (1		22e. ADDRE						
			A COOL-						EMORIAL HO	SPITA	L		
		BURIAL, CREMATIC	N, REMOVAL	236. DATE 5/2/8		Man OF C	_		. Randa1	1	COUNTY	37	STATE d
	,	DORIAL		11/4/0	, ,	VIII .	Tellor	ial Pk.	. Kandal	ISTO	wn	M	d.

DHMH - 16 50M 4/82 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbanpapes with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Hem 21 is marked at Hem 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has bee

retained by the haspital or

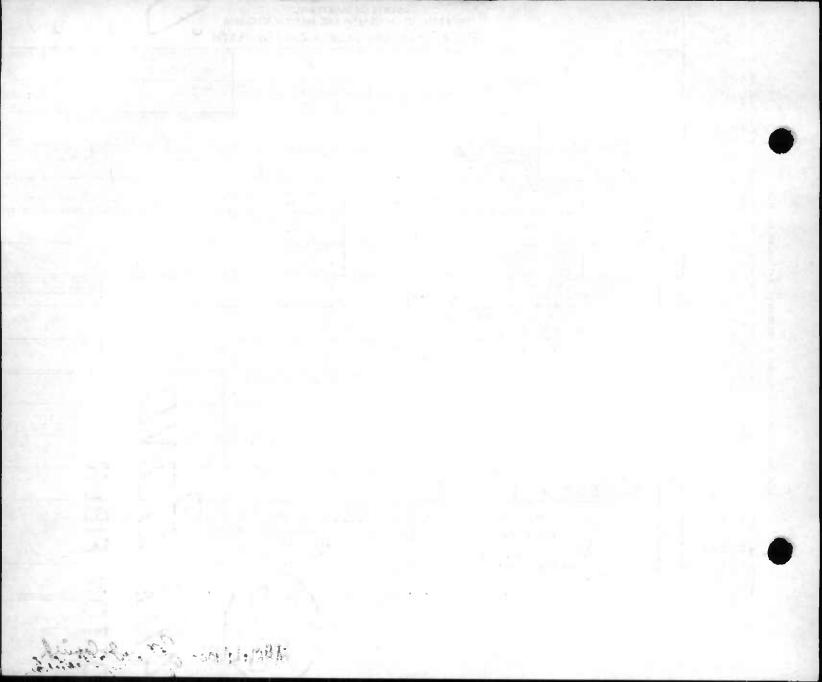
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Wm $\overset{\text{NAME}}{C}$ March F/H Inc. $110\overset{\text{aboress}}{L}$ North Ave.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the busial-transit permit. Then please remove corban papers, Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.
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IMPORTANT: if Item 21 is marked at Item 18 shows any injury, or other traumatic event, the medical

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	NE	8
E	LAST	2a.	DATE OF

Ö	* 20	-	0	4.2	13	6
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	REG. NO.					

1.	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	NO.	0 4	0 8
	CEASED NAME FIRST		WIDDLE	(AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(1.11)	E11	a F	2.	W	ilmer	Apri	1 25,	1983	2:22P M
3. SE	X	4. RACE		S. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
1	Female	Whit	e		ber 20, 1895	87	YRS		HOURS MIN.
70. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY	2 8	D NEVER MARRIED	9. BALTIMORE CITY Baltimor			MD.
	altimore		HOSPITAL, NURS		or other institution lospital	12a. USUAL OCCUPA	ATION TOFWORKING	3 LIFE) 12b. KIND (INDUSTRY	OF BUSINESS OR
	AL RESIDENCE IF NURSING HOME STATE 136 COL Md ATHER'S NAME		Baltim		13d. INSIDE CITY LIMITS? YES NO 1		Rog		ue 21209
	Charles	P. Dors	LAST		FIRST	beth Arnol		LA	ST
	VAS DECEASED EVER IN U.S. A	RMED FORCES?		URITY NO.	17. INFORMANT		RESS		
(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	217 22	7610D	The Wesley	Home 2211	W. Ro	gers Ave	nue 21209
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED)	only one couse pe SED BY: ATE CAUSE (o)	Cardiop	oulmona	ary Arrest			APPRO) BETWEEN	inutes
NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN'	DUE TO, (c)	Pancrea OR AS A CONSEQ OR AS A CONSEQ CONTRIBUTING TO	UENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CO	DINDITION (GIVEN IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION 4/22/83		Biliary Obstruction			YES NO	IN CER	YES, WERE FINDI TIFYING CAUSES YES []	
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMIN	216. TIME O	OF INJURY	DAY YEAR	21c. HOW INJURY OCCUR				
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, S	OF INJURY TREET, FACTORY, OFFICE	FARM ETC.)	21f. LOCATION STREET	CITY OR		COUNTY	STATE
	270-1 certify that A (this has sow the deceased alive above, of (we) (did) (303) 1716-510 NATURE 22d. PHYSICIAN'S NAME (179) James Co.	or view the bod	y ofter death.		nd that in Kny) (our) opinion of DEGREE ATTENDING PHYSICIAN [226. ADDRESS] C/O Marylan	MEDICAL S DIRECTOR PHY	TAFF SICIAN	22c. DATE 4/2	that (ft (we) last a causes stated
	BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	1234. LOCATION	-		
	(SPECIFY) Burial	4/28	/83 1	Thoo	n Const	Woodlaw	n B	alto. Co	STATE
24 FI	INERAL DIRECTOR	neral Ho	me 3631	Falls	n Gemetery 50. DAT	F DEC'D BY DECISTO	AR 25tr. REG	ISTRAR'S SIGNA	TURE

DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in the should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

retained by the hospital ar attending physician.

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DHMH - 16 50M 1/81 (VRA 15, 4)

Wm C March F/H Inc 1101 E.

	Item #23b 4 FOR FILM G578 REGISTRAR	-27-83 gw DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	104	0
{TYP	ELTMA AND FIRST		Klik	SON		4/24/83	2b HOUR
3. SE	F	Black	5. DATE C		6 AGE (IN YEARS LAST BIRT	THE DER LYEAR MONTHS DAYS	IF UNDER 2
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUN U.S.A.	WIDOWE		9 BALTIMORE CITY OF Baltimor		
18	Baltimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE	on H	or other institution	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		F BUSINE
M .	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU!	NTY 13c CITY OR	BEFORE ADMÍSSION) TOWN imore	138 INSIDE CITY LIMITS? YES 🛣 NO 🗌	130 STREET ADDRESS	2121 Dukeland	-
14. FA	ATHER'S NAME FIRST William	MIDDLE LAST		IS MOTHER'S MAIDEN NA/	WE	LAS	ī
	(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	SECURITY NOB	Dawantwils Anna Corpo		s oinson Ave:	nue
			1-1	TONV MI	4 4 .		
CATION	PART 2 OTHER SIGNIFICANT ((c) CONDITIONS CONTRIBUTING	Zeva	NOT RELATED TO THE TERM	INAL DISEASE OR COND 200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	IGS USED
AL CERTIFICATION	PART 2 OTHER SIGNIFICANT (190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	196. CONDITION FOR WI	HICH OPERATION	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	IGS USED
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT (196. CONDITION FOR WI	DAY YEAR	NOT RELATED TO THE TERM N WAS A REORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES IN ITEM 18 PART 1 OR PART 2)	IGS USED OF DEATH NO
	PART 2 OTHER SIGNIFICANT (190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINET 21d INJURY OCCURRED WHILE AT WORK 220.1 certify that (I) (this hosping sow the decount of live on obove. In the control of the decount of the control of the	216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 FFICE, FARM, ETC.)	NOT RELATED TO THE TERM NWAS REFORMED 216 HOW INJURY OCCURR 211 LOCATION STREET	200 AUTOPSY? YES NOW CITY OR TOW	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES IN ITEM 18 PART 1 OR PART 2) N COUNTY L 19 3	IGS USED OF DEATH NO
MEDICAL	PART 2 OTHER SIGNIFICANT (190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this hasp)	216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 Om 19 On 19 On 19	216 HOW INJURY OCCURR 211 LOCATION STREET 212 d that in (my) (our) opinion of Physician 1226. ADDRESS	200 AUTOPSY? YES NOW CITY OR TOW TO TOW HE TO THE PROPERTY OF THE PROPERTY OF TOW TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF TOW TO THE PROPERTY OF TH	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES IN ITEM 18 PART 1 OR PART 2) N COUNTY 4 19 4 19 19 19 19 19 19 19 19 19 19 19 19 19	IGS USED OF DEATH NO

y al 58/25/2 Finney Wilson BY HAMME LANGER HOST There or personal wife this Ment direine 1-1-The state of the s

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.					

FOR 1 - STATE REGISTRAR		OF HEALTH AND MENTAL HYGI RTIFICATE OF DEATH	ENE 8 3	10410
1. DECEASED NAME FIRST (TYPE OR PRINT) & FORE	A .	Wilson, JR	20. DATE OF DEATH MONT	3 · VEAR 26. HOUR 3
3. SEX 4. RA	(2	ATE OF BIRTH MONTH DAY YEAR 1	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
76. BIRTHPLACE (STATE OR FOREIGN Th. C COUNTRY) BAITIMON MI		ARRIED 1 NEVER MARRIED DOWED M DIVORCED	BALTO TY	UNTY OF DEATH
B4/Timore		050,76/	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	
USUAL RESIDENCE (IF NURSING HOME OR OTHER 130. STATE 13b. COUNTY 13b. COUNTY	INSTITUTION, GIVE RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN Bullinum	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 3105 Wal	Brook Ave
14 FATHER'S NAME FIRST MIDDLE GEOT	ge H. Wilson.	15. MOTHER'S MAIDEN NAM	E Lula	Little
160 WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) (IF YES, GIVE WAR	FORCES? 166. SOCIAL SECURITY		ADDRESS	
PART 2. OTHER SIGNIFICANT COND		OF SCULE ACCIDE BUT NOT RELATED TO THE TERMIN		N GIVEN IN PART 110
1911-01/00	196. CONDITION FOR WHICH OPER	PATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	21c. HOW INJURY OCCURRE		
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 12 WORK	No. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ET		CITY OR TOWN	COUNTY STATE
220.1 certify that (1) (this hospital) o saw the deceased alive an abave, (1) (we) (did) (did not) vig- 22b. SIGNATURE	-11	DEGREE ATTENDING	MEDICAL STAFF	5 19 8 3 , that (I) (we) d hour and fram the causes stated 22c. DATE SIGNED 04-15-8
22d. PHYSICIAN'S NAME (TYPE OR PRIN Claudio F,	LanaTa	220. ADDRESS	Hospifal Be	18 more, Ad 212
(SPECIEY)	DATE 236, NAME BRYA	OF CEMETERY OR CREMATORY NT CHAPEL CHITE	23d LOCATION CITY OF TOWN, CH-QUEENS	ANNE'S CO. M

BP DHMH - 16 50M 4/82 (VRA 15, 4)

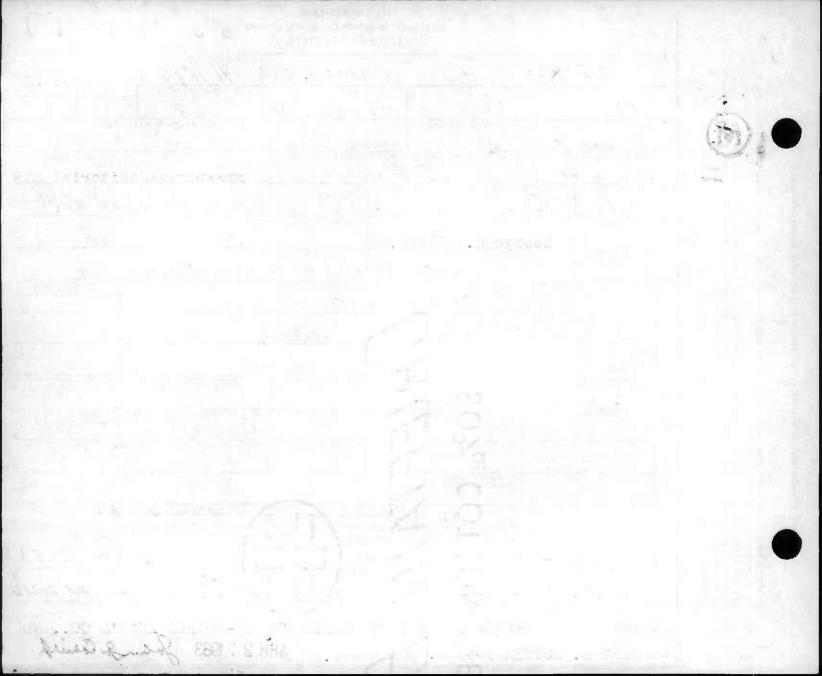
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

njury, ar other troumatic event, the medical exam

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hai

retained by the haspital or ottending physician.

24. FUNERAL DIRECTOR E. NUTTER 3035 APR 2 1 1983



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

Jeines E. J. Carrier

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO). 5.	O		Gua
		EASED NAME FIRST J	OHN MIDDLEDANIEI DANEL	W	AST WINTERS	April	27	1983	26. HOUR) M
	3. 5EX	Male	White	5. DATE C		6. AGE (IN YEARS LAST BIRT	YRS.	ONTHS DAYS	IF UNDER 24	MIN.
5	a	PEST Virg.	76. CITIZEN OF WHAT COUNTRY?	WIDOWE		Balto. C	ity			MD
2	B	Palto-City	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH ACILITY, GIVE STREET A HOSP. MI	EM'S	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Electcl • &	WORKING LIFE	126. KIND O INDUSTRY	INGHE	SOR
j	13a S	Wid ANN	An . de les		YES NO 🔀	130 STREET ADDRESS	21 06: YLEN	ROAT	2	
7)4. FA	THER'S NAME Stuart	winte:	rs	15. MOTHER'S MAIDEN NAM Julia	WIDDIE		Stewa	art	
1			W. II 267.03.5		17. INFORMANT (Wif	fe) ADDRE beth A. Wi	Sai	S	# 13	
		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	error (do)	urrest insing a	il in.	BETWEEN	imaté intérv, Onset and di	ÊÀTH
	NOIL		CONDITIONS CONTINUING TO D	t			v. 12			
1	CERTIFICATION	190 DATE OF OPERATION ,	5 kb duril he		oma	YES NO	IN CERTIFY YES			1?
1	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	- not low	WY IN ITEM 18 PAI	RT I OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE OCT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO	NN)	COUNTY	STA	ATE
		saw the deceased alive an	ital) attended the deceased from 194, or view the body after death.		nd that in (my) (our) apinion o	death accurred on the do			that (I) (we causes state	
		226. SIGNATURE MM	Monte		DEGREE Kerident ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		22c. DATE	SIGNED SIGNED	3
/		DR. BRI	OR PRINT)		Meluro to	alma les	nit.	1		1
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION			63,500	

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remave a with the State Dept: af Health and Mental Hygiene priar ta burial, crematian,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

etained by the haspital or

IMPORTANT: If them 21 is marked ar them 18 shaws any

Cremation

Singleton Funeral Home

FOR

Security Process ADDRESSGlen Burnie

MD.

234 LOCATION

CITY OR TOWN

C. Catonsville, Balt., MD. 1983

DHMH - 16 50M 4/B2 (VRA 15, 4)

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12/02/2	나이트 그는 이번 살아보는 그리지 않아 있다는 그 때문에 되었다고 그리고 있다면서 나를 하면 하지 않는데 다른데 나를 했다.	
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BP

DHMH - 17

(VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 20. DATE KNOWN 26 HOUR OF ESTI-DEATH MATED Wise 1319 83 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH DATE 2d HOUR HINOM YEAR LAST BIRTHDAY) PRONOUNCED 1:59 5 8 97 85 DEAD 13 198 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. WIDOWED XX DIVORCED Baltimore City, 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE! OR INDUSTRY Bradford Street JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 912 N. Bradford Avenue 21205 Baltimore YES X NO [] 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST McDonald 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16b. SOCIAL SECURITY NO. ADDRESS 213-09-5651 Loretta Moody 912 N. Bradford Avenue APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH Hypertensive cardiovascular disease MMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 DIMER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY . STATE

196 DATE OF OPERATION 21g EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

22a I certify that I took charge of the remains described above, held an

Natural couses

Inspection

Homicide

and in my opinian Undetermined manner

Dennis F. Smyth, M.D.

Balto., MD.

236. BURIAL, CREMATION, REMOVAL 236 DATE 4/18/83

23c. NAME OF CEMETERY OR CREMATORY Mount Auburn Cemetery

Autopsy

23d. LOCATION Baltimore

Md .

24 FUNERAL DIRECTOR

FOR - STATE

(TYPE OR PRINT)

Female

3a STATE

CERTIFICATION

REGISTRAR

DECEASED NAME

To BIRTHPLACE (STATE OR

10 CITY OR TOWN OF DEATH

Baltimore

Maryland

FIRST

(YES, NO, OR UNKNOWN)

NO

14. FATHER'S NAME

FOREIGN COUNTRY) Virginia Mary

13b. COUNTY

4. RACE

Black

PART I DEATH WAS CAUSED BY

Conditions, if any, which gove rise to immediate cause (a) stoting the under-

lying cause lost.

21d. INJURY OCCURRED

death resulted frage

EXAMINER'S NAME

TYPE OR PRINT

AT WORK NOT WHILE

Wm C March F/H Inc. 1101 E North

Avenue

III Penn St.

EALLY ROLL TO THE FOREIGH

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician.

executed within 24 hours after death. Page 4 may be

FOR STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

EASED NAME FIRST MIDDLE LAST 20. E

B	- 1		13	. 19	1
0	S	- 1	U	Soil	
	REG NO				

REGISTRAR			CEKIII	ICATE OF DEATH	REG. N	10.		
1. DECEASED NAME FIRST		MIODLE		AST	20. DATE OF DEATH	MONTH DA	AY YEAR	26. HOUR
Henr	ru i	Tohn	WI	ST	Ap	ril, 30	0, 198	39:35A
3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)	FUNDER I YEAR	IF UNDER 24 HR
Male	White	9	May	21, 01907 YEAR	75	YRS.	ONTHS DAYS	HOURS
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? B.	DE NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
Germany	U.S.	Α.	WIDOWE	_	Baltimore	Citu		A
19-CITY OR TOWN OF DEATH	(IF NOT IN SU	H FACILITY, GIVE STREET	ET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST Retired Ga	ION	126 KIND O INDUSTRY tenda	of Business C
Baltimore USUAL RESIDENCE (IF NURS HO)	E OF OTHER INSTITUTION	nd General		picai				
	l imore	13c. CITY OR TO		136. INSIDE CITY LIMITS? YES NO 🗷	130 STREET ADDRESS 6-H Peab	ody Ct	21.	234
H. FATHER'S NAME FIRST Klaus	MIDDLE	Wist LAST		15. MOTHER'S MAIDEN NA PIRST Meta	WIDDLE	D:	ickman	ST
160. WAS DECEASED EVER IN U.S		166. SOCIAL SEC	CURITY NO.	17. INFORMANT	ADDR	ESS		
(18 YES, NO OR UNKNOWN) (18 YES	S. GIVE WAR OR OATES)	092-10-	-7807	Mrs Tina M	Wist	Same 2	As 13E	
18 CAUSE OF DEATH (Ente	r only one cours no	line for (a) (b) o	and (c))				APPROX	MATE INTERVAL
DADT DEATH WALAC CA	LICED BY			static Coloni	a Managara	vi noma		
15.39 IMMEI	DIATE CAUSE (0)	raesprea	u neca	ocacic coroni	C macmocare	21101110		
, 00 /		R AS A CONSEQ	UENCE OF					
Conditions, if ony, which							1	
cause (a), stating the	DUE TO, O	RAS A CONSEQ	UENCE OF					
underlying cause last	(c)_							
	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	DITION GIVE	N IN PART 1	a
Right Occip	ital Lobe	Cerebra	1 Infa	rct				
198. DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDI	NGS USED
Right Occip: 196. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING					YES P NO	YES		OF DEATH?
210. ACCIDENT WAS UNDERLYING	216. TIME C			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAI	RT 1 OR PART 2)	
OR CONTRIBUTION CALLES O	POEAIR		DAY YEAR					
(IF EITHER, NOTIFY MEDICAL EXAM	21e. PLACE	M.	19	211 LOCATION				
WHILE NOT WHILE		REET, FACTORY, OFFICE	E, FARM, ETC)	STREET	CITY OR T	NWC	COUNTY	STATE
AT WORK AT WORK			Marc	24 83	April S	0	83	
22a.I certify that X (this h	ospital) ottended th	deceased from	RT	, 19		. 1	9	that (we) la
22a.1 certify that X (this h saw the deceased alive above, X (we) (did) X	year view the body	ofter death.	, 0	nd that in (大) (our) opinion	death occurred on the c	ote and hour	and from the	causes stated
22b. SIGNATURE	/			DEGREE			22c. DATE	SIGNED
K.	rent	WW		ATTENDING PHYSICIAN	MEDICAL STA	CIAND	4	30 83
224. PHYSICIAN'S NAME (T	YPE OR PRINT)			220 ADDRESS				, ,,,,,,
Karen Trent	E, M.D.			c/o Marylan	d General H	lospita	1	
23a. BURIAL, CREMATION, REMO		230	NAME OF	EMETERY OR CREMATORY	236 LOCATION			
Cremation	5/3/	83	Most	or: H-m Doml-	Baltimor	e. Mar	rinuos	STATE

AODRESS

Baltimore, Marulano

MAY 2 1983

DHMH - 16 50M 4/B2 (VRA 15, 4) 24 FUNERAL DIRECTOR

Leonard J Ruck Inc.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If them 21 is morked or them 18 shows any injury, or other troumotic event, th

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executed within 24 hours ofter death. Page 4 may be

in signed by the attending physician and completely filled in by the funeral d Then please remove carbon papers. Pages 1 and 2 should be filed within 72 ha

er to burief, cremation, or removal

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		CEASED NAME OF PRINT)	DANIEL	MIDDLE	W	ITHERN	POON	APRIL	H MONTH DAY	83	240PM
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11		COUNTRY	STATE OR FOREIGN 7	b. CITIZEN OF WHAT CO	M	ARRIED NEV	ER MARRIED	9. BALTIMORE CIT	ORE C	FDEATH	MD.
3		SALT IN		1. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, SOUTH BALT		ees .		120. USUAL OCCU (TYPE OF WORK FOR M RETIDE	OST OF WORKING LIFE)	INDUSTRY	F BUSINESS OR HORE MAI
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to /	MEDICAL	21d. INJURY	OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTO		itc.) 21f. LOC	ATION	CITY	ORTOWN	COUNTY	STATE
21 is me	1	sow the	e deceosed olive on_ (l) (we) (did) (did not	ol) ottended the deceos view the body ofter dec	19 7 3		my) (our) opinio	n death occurred on t	he date and hour d	and from the	
2		al	of Here	mars		MD.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN	TEC. DATE	15/83
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	230. I	BURIAL CREA	BURIAL	04/22/83	HICK	ORY GR	OVE CE	M. TURBE		COUNTY SC	O. CAR.

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR, 44ter this certificate has be should be detached for use or the burist-trainil permi with the State Dept. of Health and Mental Hygiene pri

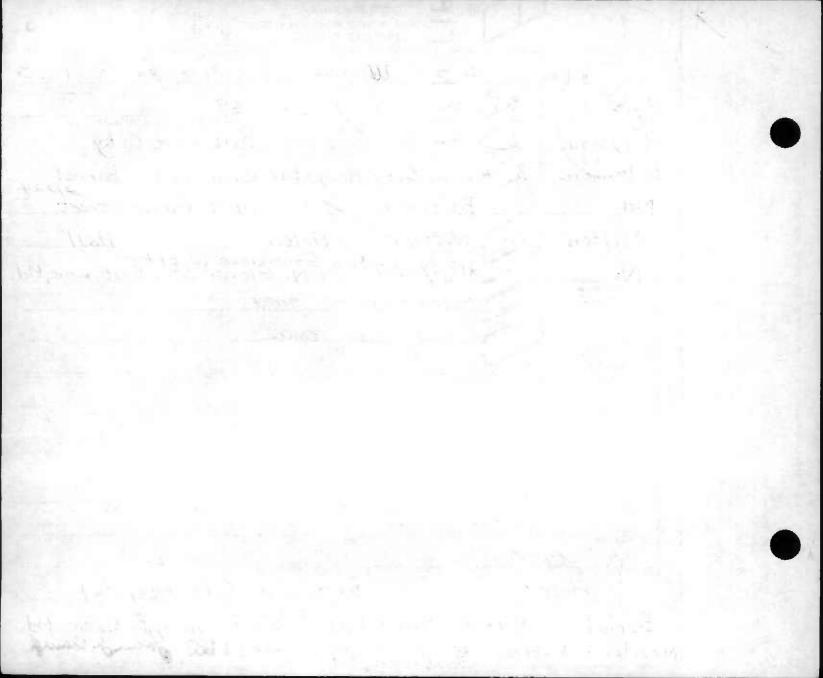
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	1			STATE OF MARYLAND					
M	1	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 3	0 0	4 6		
m 5		CEASED NAME FIRST	MIDDLE	LAST	2a DATE OF DEATH	MONTH DAY YEAR	2b HOUR		
y be		milton	J.	Wittler	April 9	-83	1:00 M		
Page 4 may be director, page 3 haurs after death	3. SE	Male	white s	DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTHS DAY			
Parol Parol	7a B	IRTHPLACE (STATE OR FOREIGN 7)		MARRIED NEVER MARRIED VIDOWED DIVORCED	Baltimore city o	DR COUNTY OF DEATH	MD.		
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	USU 13a.	AL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE AD 13. CITY OR TOWN 13. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	lover St	21224		
2	14. F.	ATHER'S NAME	DDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE	70	TAST		
ond exem	G.	Milton	J. Wittle	r Helen	MIDDE	H	21/		
oe execut n ond co		WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)		xieve Wi	tter to Balti	nor Mo		
rrificate by physicial an papers. emoval.		18 CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (c	11		APPR(BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH		
g phy an po emo		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardio - Rimona Arrost							
ith ce corb o, or r		1629	DUE TO, OR AS A CONSEQUENC	CE OF					
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equires n signe Then p r to bur injury,	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	100		
he low re an. has beer t permit. iene priar	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OF	PERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES			
HYSICIAN: The ding physicio is certificate buriol-transit Mentol Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2)		
DING PHYSI or offending After this ce e os the buri although Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	211. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE		
TTEN TTEN TOR: for us of He		22a.1 certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not)	A-10 5 19 5	, ond that in (my) (our) apinion (9 19 73 ote and hour and from the	, that (I) (we) lost he causes stated		
ral OR A y the has Ral DIREC detoched ate Dept.		22b. SIGNATURE RETURNATURE	mn	DEGREE ATTENDING PHYSICIAN	MEDICAL STAR	FF	TE SIGNED		
to Hospital efoined by the TO Funeral should be det with the Stote		22d PHYSICIAN'S NAME (TYPE ORF	PRINT)	Baltimor	e Gt,	Hospita			
₹ 6 F ≥ 2 ₹ 1	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NA/	ME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE c		
BP	24	Burnal	4-12-83 Sac	red Heart of Jes	& Baltin	pre Buitim	ore Md.		
DHMH - 16 50M 1/81 (VRA 15, 4)	N)	uneral director . Mat	thews, 3020 FEE	stern Ave, 25a DAL	THE 1 1 1883	25h. HEGISTRAR'S SICH	Court		
	-		301011	1					



1.	FOR - STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE B 3	10417
		ORTER /	OLFE	1	26. HOUR 21.53
3. SE	$m \cup \omega$	5. DATE C		6. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS MI
E # C # 3	Virginia U.	MARRIE WIDOWE	DIVORCED [BAHIMON CITY OF	ex Crky
16 10 0		HOSPITAL, NURSING HOME OF ACILITY, GIVE STREET/ADDRESS!	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Laborer	
30	ALRESIDENCE (IFN TO COUNTY HARFORD	The CHABOTTE ON METRON	X NOX	XXOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1823 Tower Road
14 F	ATHER'S NAME (Unknown)	LAST	15. MOTHER'S MAIDEN NAM	(Unknown)	LAST
	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 212-24-8316	DONALD. W	OLE 182	3 YOUKE L. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
jury, or other froumofice	Conditions, if ony, which gove rise to immediate	RAS A CONSEQUENCE OF	, Decubi		TION GIVEN IN PART 110
S shows ony injur	190 DATE OF OPERATION 196 CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. TIME OF HOUR A./ (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. PLACE OF TAXABLE OF TAXA	M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCURR 21c. HOW INJURY OCCURR 51REET	ED (ENTER NATURE OF INJURY)	
m 2 15 mo	22a certify that (I) (this hospital) attended the sow the deceased alive an above, (I) (we) (did) (did not) view the body	ofter death, or		, ta leoth occurred on the date	that (I) (we) I and hour any from the couses stated
TANT: If the	226 SIGNATURE 22d PHYSICIAN'S NAME (1 PE OFFRINT)	uport	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	nc. Date signed 4/20/8
MPORT	S. SU	Marotin	Lutters	ERAN HO	orpital, MI

DHMH - 16 50M 1/B1 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

Burial

BelAir Memorial Gardens, Bel Air

Md. TATE Harford

TRAR 256. REGISTRAR'S SIGNATURE

Howard K. McComas III, Abingaon, Md. 21009

Apr. 22, 1983

Parties Lather Sugality the state of the s - Deall Tale is a least

HYSKIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be non physician.	his certificate has been signed by the ottending physicion and completely filled in by the funeral direction as burial-transit permit. Then please remove corbonopopers. Pages 1 and 2 should be filed within 72 hours removed. A Mental Hygiene prior to burial, cremation, or removal.
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PHYSICIAN: The lovading physicion.	ficate has t transit pern I Hygiene p
HYSICI,	his certi

5	1.	FOR - STATE REGISTRAR	DEPARTM	ENT OF H	E OF MARYLAND BEALTH AND MENTAL HYO CICATE OF DEATH	GIENE 8 3	one of the contract of the con	0 4	1 8
X	(TYPE	CEASED NAME FIRST E OR PRINT) EMMA	Anna	W	ast O	2a. DATE OF DEATH	MONTH DAY 4 29	F3	26. HOUR 1255 M
7	3. SE	Female	Caucasian	5. DATE (6. AGE (IN YEARS LAST BIR	THDAY) IF L	THS DAYS	HOURS MIN.
of once		Germany	USA	WIDOW		9. BALTIMORE CITY O	-2 (11	Y MD.
South Park	10	BALTIMORY	1. NAME OF HOSPITAL, NURSING	DDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEWI f	F WORKING LIFE)	INDUSTRY	Home
33	13a. S	al residence (if nursing the factor of state 12. Count) aryland AA	Y 13c. CITY OR TOWN	1	13d. INSIDE CITY LIMITS? YES NO X	130. STREET ADDRESS	od Road	1, 210	61
2	1	Gottlieb	Stammer Stammer		15. MOTHER'S MAIDEN NA FIRST	N/A		LAS	ī
medico		NAS DECEASED EVER IN U.S. ARM yes, no or unknown) (16 yes, give v	ED FORCES? 16b. SOCIAL SECUR 214-54-081		Mrs.Naomi Tor	es, daughter			
ijury, or other traumotic event, t	NO	PART 1. DEATH WAS CAUSED 1280 IMMEDIATE Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF	TIVE BEA	AT FAILU			MATE INTERVAL DISET AND DEATH
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ked or Hem 18 sh	MEDICAL CERT	The same of the sa							STATE
T: If Hem 21 is mor		11108 81 11102 83							
MPORTAN		224. PHYSICIAN'S NAME (TYPE OR P	CARTHY		270 ADDRESS 3001 5		er S	+	V. V.
		BURIAL, CREMATION, REMOVAL	The second secon		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	co	DUNTY	STATE

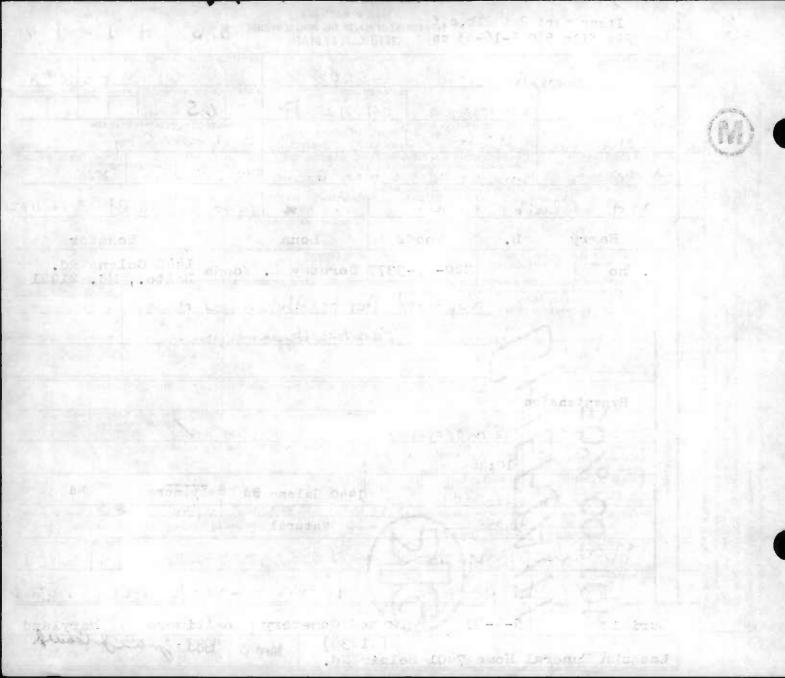
OHMH - 16 50M 4/B2 (VRA 15, 4) Burial | 2 May 83 | Glen Haver 24 FUNERAL DIRECTOR James S. Kirkley, Glen Burnie S. Maryland Park Glen Burnie 250. DATE REC'D. BY REGISTRAR 256 MAY 2 1983

STRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours afterlained by the hospital or attending physician.

		REGISTRAN FIRST	MIDDLE		ICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1		Jose	nh A.	W	oods	04	30 83 1046A
	3. SE)		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HR
		1ate	Caucassai	n = 09		US YRS.	
33		RTHPLACE (STATE OR FOREIGN	U.S.A.	UNTRY? 8. MARRIEI WIDOWE	D NEVER MARRIED	Baltimore City or Count	
38	0	atimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	IVE STREET ADDRESS)	ock-Trauma	Bus Driver	LIFE) INDUSTRY MTA
must be	13a. S	AL RESIDENCE (IF NURSING HOMEO	NIA 13° CILA C	ORTOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	Rd Balt. 21
exomine	14. FA	THER'S NAME Harry	MIDDLE V	Noods	IS. MOTHER'S MAIDEN NA	WIDDLE	Schafer
Z medicol		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI		AL SECURITY NO. -09-3377	Dorothy A.	Woods 1440 G	alena Rd.
troi		Conditions, if ony, which gove rise to immediate	(b)	1110000	olmble Hyp.	ertension	
njury, or other trou	NO	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT		NSEQUENCE OF		MINAL DISEASE OR CONDITION GI	IVEN IN PART No
ows ony injury, or other trou	TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.	CONDITIONS CONTRIBUTION 19b. CONDITION FOR	INSEQUENCE OF	NOT RELATED TO THE TERM	200 AUTOPSY? 206. IF YE	IVEN IN PART ITO ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\)
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DHMH - 16 50M 4/8 (VRA 15, 4)



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	REGISTRAR			CERTIF	ICATE OF	DEATH	REG. N	٥.			
	CEASED NAME FIRST	,	MIDDLE		AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
	Lill	ian		Woo	ods			4 1	15 83		M
3. SE	X	4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR		4 HRS
	Female	Blac	k	9	10	02	80	YRS.		1.00.0	Jan 11 - 1
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	ARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH						
-	Maryland	U.	S.A.	WIDOWE		7,					
Baltimore 263 Bethel Co				ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) IN[OF BUSINES	SOR
130. 5	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BE 136. STATE 13b. COUNTY 13c. CITY OR TO Maryland Balti				13d. INSIDE (NO [13. STREET ADDRESS 1100 Peni	_	t. 406 vania		51
14. FATHER'S NAME FIRST MIDDLE LAST						s maiden nam rietta	MIDDLE		Boswe	211	
	VAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECUI 216-16-		17. INFORM Elean		terson 26		thel	Court	t
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED		line far 191, (b), and	0	ona	y au	rest		APPRO BETWEEN	XIMATE INTERVI	AL EATH
	Conditions, if arry, which	(16) h	R AS A CONSEQUE	EC 20	Somo	arcin		un	61	200	
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OI	r as a conseque	NCE OF	to 1	رمور		170			
NO	PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATE	O TO THE TERMI	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	(0)	
CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	DRMED	200 AUTOPSY?	IN CERTIF	S, WERE FIND FYING CAUSE ES		19
-	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW II	NJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)		K
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATI		CITY OR TO	wn	COUNTY	STA	NTE.
	22a.1 certify that (1) (this has saw the deceased all above (1) (we) (did (did	241 -	13	-	nd that it (my	(our) opinian o	death occurred an the de		or and fram the	, that (1) (we e causes state	-,
	22b. SIGNATURE	les		7	-	ATTENDING PHYSICIAN	MEDICAL STA		22c. DAT	S 8	3
	WENDY	ORPRINT	res	70	ZZ S	5. Gre	one St 1	300-	th	>	

DHMH - 16 50M 4/B2

njury, ar ather traumatic event, the

IMPORTANT: If Hem 21 is marked or Hem, 18 shows, any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached far use as the burial-transit permit. Then please remove carbon pape with the State Dept, of Health and Mental Hygiene priar to burial, cremotion, ar removal

24 FUNERAL DIRECTOR Wm C'March F/H Inc. 1101 E. North Avenue

23b. DATE 4/21/83

238. BURIAL, CREMATION, REMOVAL

23d. LOCATION

COUNTY STATE

dallstown

23c NAME OF CEMETERY OR CREMATORY
King Memorial Pk.

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonapoers. Pages I and 2 should be filed with with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar removal.

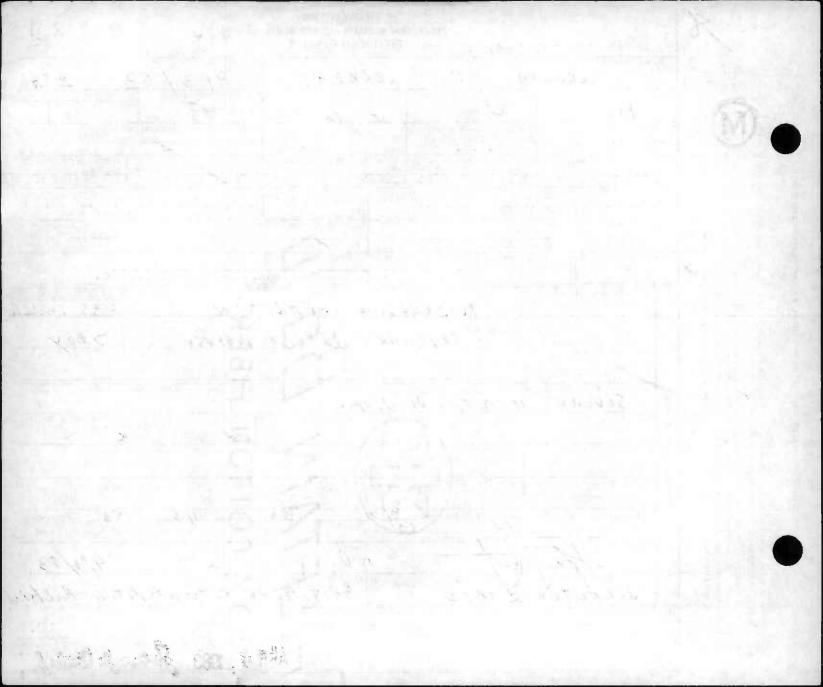
WHORTANT: If them 21 is marked or them 18 shows any injury, or atther traumatic event, the medical exemper raise be not necessarily be not necessarily and the contraction.

	FOR 1 - STATE REGISTRAR LEONARD		CEDTIE	EALTH AND MENTAL HYGII		1 0	4 2	
1	I. DECEASED NAME FIRST	MIDDLE	KATA	AST	REG. N 2a DATE OF DEATH	O. MONTH DAY	YEAR 2b HOUR	
	(TYPE OR PRINT) LEONA	eg (nmi)	hoi	RKMAN	9/3	183	210	AM
	3. SEX	4. RACE	5. DATE &	F BIRTH 16 VEQ3	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	DAYS HOURS	4 HR5 MIN,
	PIALE	HITE	12	16 03	79 🛣	YRS.		
4	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIE	D X NEVER MARRIED	BALTIMORE CITY O	_	ATH	
7	VIRGINIA	U.S.A.	WIDOWE		BALTIMORE			MD.
1	10 CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACRITY, G BALTIMORE C	ITY HOSP		120 USUAL OCCUPATION OF WORK FOR MOST CELECTRICIZED	F WORKING LIFE) IND	KIND OF BUSINES USTRY ICN CONT	SS OR RACTOR
5	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION) 33. STATE 136. COUNTY MARYLAND BALTIMORE DUNDALK		13d INSIDE CITY LIMITS?	13. STREET ADDRESS 11 ADMIRAL BLVD. 21222				
7			LAST	15. MOTHER'S MAIDEN NAM	E MIDDLE		LAST	
1			KMAN	BLANCHE			RINTZ	1
2		F WAR OR DATES	AL SECURITY NO.	17 INFORMANT	ADDRI			-5-01
	NO	213.	07.4943	LILLIAN MAE W	ORKMAN SZ	AME AS 13	APPROXIMATE INTERVITWEEN ONSET AND D	1
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONTROL OF OPERATION 19a DATE OF OPERATION	DUE TO, OR AS A CO DUE TO, OR AS A CO CONDITIONS CONTRIBUTE THY POTHY	NSEQUENCE OF	N INFARC Y ARTONY NOT RELATED TO THE TERMIN MY WAS PERFORMED	DISTRICT	20b. IF YES, WERE	FINDINGS USED	ueh.
	TIE				YES NO	YES TO	AUSES OF DEATH	!?
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR I	PART 2)	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY		21f LOCATION STREET	CITY OR TO	wn cou	NIY STA	(TE
	220.1 certify that (I) (this haspit saw the deceased alive on above, (I) (wa) (did) (did no	4/2	10 831,00	, 19 <u>83</u> nd that in (my) (aur) opinion de	enth occurred on the de	3 19 9 ste and hour and from	, mor (ii (iii	
	22b. SIGNATURE	tent		ATTENDING PHYSICIAN	MEDICAL STAI	F	DATE SIGNED	3
	J. LAUTON	SETAIN		BATIMOR		110SPITI	T Bal	bord
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNT	y 514	ALE
	CREMATION	4/4/1983	GREEN MO	DUNT CREMATORY	BALTO.,		M	D.
	24 FUNERAL DIRECTOR		DDRESS	1 400	REC'D. BY REGISTRAR	25h DEGISTRAR'S S	IGNATURE	
	WALTER BROOKS BRA	ADLEY, INC. DU	INDALK, MI	D. 21222 APK	4 1983	many	to laborel	01

STATE OF MARYLAND

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.



5	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	HENE 8 3	e e e e e e e e e e e e e e e e e e e	0 4	2	2
		CEASED NAME	FIRST	,	MIDDLE		A A A T	20. DATE OF DEATH	MONTH DA		26. HOUR	O D
	3. SE		XLC I	4. RACE White			of BIRTH 16, 1893	6. AGE (IN YEARS LAST I		F UNDER 1 YEAR	IF UNDER 2	24 HRS MIN.
52 out	1	RTHPLACE (STATE OR COUNTRY)	FOREIGN	76. CITIZEN OF	what country?	8. MARRIE WIDOW	DE NEVER MARRIED DIVORCED	9. BALTIMORE CITY Baltin	or county of			M
40	10. CITY OR TOWN OF DEATH Baltlmore		STATING	HOSPITAL, NURSIN	DPRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA trype of work for Mos Retired P	TION OF WORKING (IFE) FINTER	12b. KIND C INDUSTRY	OF BUSINES	SS OF	
35	130	AL RESIDENCE (IF NUR STATE Tyland	HOW8.	ROTHER INSTITUTION NTY Td	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO	3718 11988	h Rd El	licott	City	04
30		ther's NAME	Wor	Kman	LAST			a Wadeo MIDDLE		LA:		
2		VAS DECEASED EVER		MED FORCES?	214 03 8		Mrs Donald M		RESS B Ligon	Rd EL	~	t (
ury, ar ather traum	7	Conditions, if ony gove rise to im- couse (a), stofic underlying couse PART 2. OTHER SIGN	mediate ng the lost.	(c)	OR AS A CONSEQUE	-10	phofic NOT RELATED TO THE TERM	100	NDITION GIVE	N IN PART 10	0	
ows ony init	CERTIFICATION	19a. DATE OF OPERA	2en	196 COND	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES \ NO \		WERE FINDING CAUSES		H?
or Hem 18 st	MEDICAL CER	210. ACCIDENT WAS UNIT OR CONTRIBUTING [] {IF EITHER, NOTIFY MEDITION OF THE PROPERTY OF T	CAUSE OF DE	ATH HOUR A	.M. MONTH DA .M. OF INJURY	19	21c. HOW INJURY OCCUR			RT 1 OR PART 2}		
s marked	W	WHILE NOT WE AT WO 220. I certify that	RK		reet, FACTORY, OFFICE, F	4	STREET	CITY OR	2)	, 82	that (I) (w	
VT: # frem 21		sow the decease obove, (I) (wo) (22b. SIGNATURE	ในก	shot	tan M	83.0	nd that in (my) (per) opinian DEGREE ATTENDING PHYSICIAN [MEDICAL ST	AFF	22c. DATE	SIGNED	ted 8
MPORTANT		224. PHYSICIAN'S N	OUR	OR PRINT)	OTTAI	И М	1220. ADDRESS	Stas	pos H	epita	l.	
2	23a. I	BURIAL, CREMATION,	REMOVAL	April		restla	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Howard	°Mary	lands	ATE

BP DHMH - 16 50M 4/82

etoined by the hospital or attending physiciar

TO HOSPITAL

24. FUNERAL DIRECTOR
Harry M Witzke 4112 Columbia Rd Estlicott City (VRA 15, 4)

APR 2 7 1982

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	t +	
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	TO HOSPITAL TENDING PHYSICIAN: The retoined by the hospital or ottending physician.	
-	the the	
	SPIT by	
	HO	
	TO HOSPITAL ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	

BP. DHMH - 16 50M 4 (VRA 15, 4)

BRITHPRACE ISTRICTORON DE COUNTY OF DEATH ISTRICTORON DECEMBER DECEMBE	I . Item 4 pho	ne 5-25-83 cm STA	TE OF MARYLAND	** * * 1	0 1 0 9
DECEASED NAME TOTAL SERVING TOTAL SERVING TOTAL SERVING THE REPORT OF SERVIN WORTH DAY YEAR TO ARREST SERVING THE REPORT OF SERVING THE SERVING		DEPARTMENT OF	HEALTH AND MENTAL HYGH	ENE 8 3	0 4 2 3
3. SEX SECTION STATE STATE OF DRIVEN STATE STATE STATE OF DRIVEN STATE					
S. SEX SERVICE STATE OF DIVISION OF DEATH 11. MAME OF HOSPITAL, NUISAN COUNTRY? 12. CHIZEN OF WHAT COUNTRY? 13. CHIZEN OF WHAT COUNTRY? 14. CHIZEN OF WHAT COUNTRY? 15. CHIZEN OF WHAT COUNTRY? 16. CHIZEN OF WHAT COUNTRY? 17. CHIZEN OF WHAT COUNTRY? 18. CHIZEN OF WHAT COUNTRY OF WH	(TYPE OR PRINT)	va 10 1	LAST	20. DATE OF DEATH MONTH	10.11000
Black Windlin Line State Children of the Critizen of what country? Windlin Line State Children of the Critizen of what country? Windlin Line State Children of the Critizen of what country? Windlin Line State Children of the Critizen of the Critizen of the Critizen of the Criticen o				4 16105 4	683 6 9
## BILLACK ## PRITECTOR ## PART COUNTRY MARRIED NEVER MARR	- 1			6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
MARRIED MARR	temate	Black			10
DISCREPTION OF DEATH 18 CHY OR TOWN OF DEATH 17 MANE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18 LIGHAL RESPENCE (# MARRAGO AND FOR CHIEF INSTITUTION 18 LIGHAL OCCUPATION 17 MORRAGO AND FOR CHIEF INSTITUTION 18 LIGHAL OCCUPATION 18		76. CITIZEN OF WHAT COUNTRY? 8.	FD NEVER MARRIED	9. BALTIMORE CHY OR COUN	TY OF DEATH
### SUBJECT OF PRINCE OF P	md	WIDOW	VED DIVORCED	Balls a	dry m
SECONDIFIC COUNTY The CONDITION FOR WHICH DEPTH THE TERMINAL DISEASE OR CONDITION SEED THE CONDITION SEED	10. CITY OR TOWN OF DEATH		OR OTHER INSTITUTION		126. KIND OF BUSINESS OF
RETHER'S NAME IAST		Senai Dook		(11/4 0) 11-01/1-01	11000111
RATHERS NAME NODE 1603 Head have 1603 H	USUAL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ANISSION	1 134 INSIDE CITY LIMITS?	13e STREET ADDRESS	- 1 n 2/23
Renney MD	10 11	YES NO	1603 Heath	FIELL KD	
Renney Arrington Laura B. WAS DECRASED EVER IN U.S. ARMED FORES? 188 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 188 CAUSE OF DEATH (Enter only one course per line for (o), (b) and (c.). PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gover rise to immediate course (o), stoling the underlying course lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GENERAL TO THE TERMINAL DISEASE OR CONTRIBUTING GUIDEN TO THE TERMINAL DISEASE OR CONDITION GENERAL TO THE TERMINAL DISEASE OR CONDITION GEN		MIDDLE LAST		NE MIDDLE	LAST
18 CAUSE OF DEATH LETHER ONLY ONE COUNTY NO 17 INFORMANT ADDRESS	Select 1			B,	WORSLEY
18. CAUSE OF DEATH Entire only one couse per line for (a), (b) and (c).	160 WAS DECEASED EVER IN U.S. A		17 INFORMANT	ADDRESS	
PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0)	[11:3 10 01 01410111]	IVE WAR OR DAILS]			
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DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (10), storting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CONDITIONS STORTIBUTION TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS USED IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS USED IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CONDITIONS USED IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS USED IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS USED IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS USED IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS USED IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS USED IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS USED IN	PART 1. DEATH WAS CAUS	SED BY:	lac Arres	ST	10menus
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

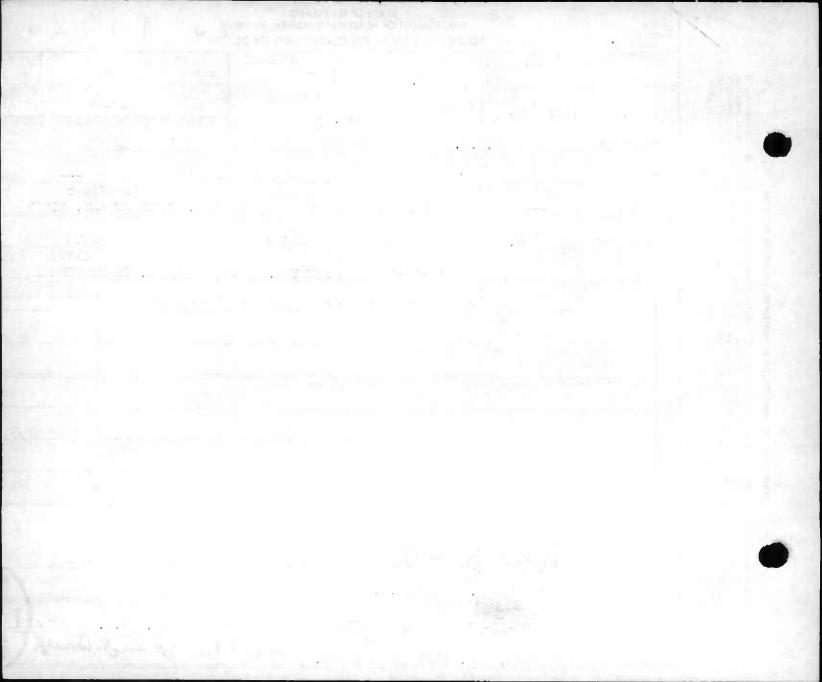
retained by the haspital or attending physician.

TO HOSPITAL

BP_ DHMH-16 30M 2/80 (VRA 15, 4)

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	1 - STATE REGISTRAR BA	BY GIRL		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 3	1 0	4 2	, 4
	I. DECEASED NAME FIRS	T MIDDI	.Ε	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. F	HOUR
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3	3. SEX	4 RACE	5. DATE		6. AGE (IN YEARS LAST BIRT		R I YEAR IF UP	NDER 24 HRS
	Female	Black	MONT	0 000		YRS.	DAYS HOU	iks Min.
7	70. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHA	AT COUNTRYS IS		9 BALTIMORE CITY O		ATH	
2	Maryland	USA	WIDOWI		BALT	IMORE	CIT	y N
HO 1	Baltimore	St. Ag	PITAL, NURSING HOME C CILITY, GIVE STREET ADORESS) NES HOSPITAL		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		KIND OF BUS	SINESS O
6	USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 131.		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ont Hill	Ave.	2122	
D	4. FATHER'S NAME FIRST Kimberly	MIDDLE Wri	ght	IS. MOTHER'S MAIDEN NA.	WE		LAST	
1 16	(YES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	SOCIAL SECURITY NO.	17. INFORMANT Kimberly Wri	ADDRE ght, 311 S.		21223 11 Ave	
	18. CAUSE OF DEATH (En	ter only one couse per line	for (a), (b), and (c),)	//			APPROXIMATE I	NTERVAL AND DEATH
		(c)	RIBUTING TO DEATH BUT	I NOT RELATED TO THE TERM		DITION GIVEN IN I	PART Ho	
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TOS C. MALE PUR SHIEL STREET AND THE RESERVE OF THE PERSON
STATE OF MARYLAND



STATE OF MARYLAND

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				REG. NO.	
I. DEC	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	L	HART	WRIGHT	APRIL 12,198:	3 10:1
3. SEX	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
	MALE	WHITE	12/03/1917	65 YRS.	
	RTHPLACE (STATE OF FOREIGN	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
	Oklahoma	U.S.	WIDOWED DIVORCED	BALTIMORE CI	TY
10. CI	ITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINES
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USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	. (111,44
	CHIGAN	13c. CITY OR TOW		3079 EXMOOR	48104
-	ATHER'S NAME		15. MOTHER'S MAIDEN N	AME	401044
1	L.C.	WR IGHT	JESSI	MIDDLE F.	HART
Iáo V	VAS DECEASED EVER IN U.S. AR/			ADDRESS	111111
	YES, NO OR UNKNOWN) (IF YES, GIVE	5584867	737 L.H. WRI	æur e	ABOVE
-		y ane cause per line for (a), (b), gno		GIII	APPROXIMATE INTERV.
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DHMH - 16 50M 4/82

(VRA 15, 4)

Anatomy Board

NAME

ADDRESS

Balto., Md.

AS THE RESIDENCE OF THE PERSON.

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DHMH - 16 50M 4/B2

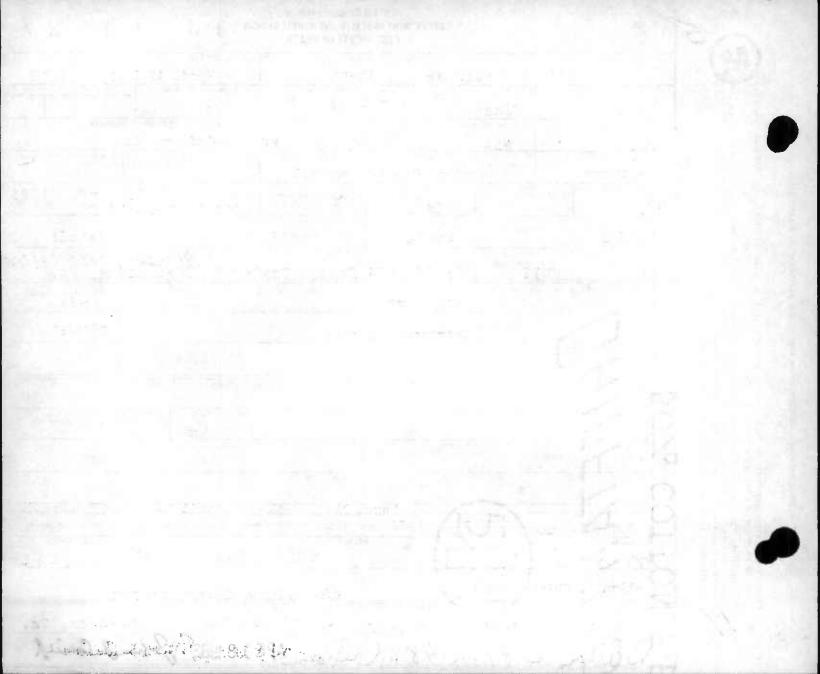
(VRA 15, 4)

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 3 1 0 4 2 7

REC	SISTRAR				CERTII	CALLOI	PLAIII		REG. NO				
	EDNAME	FIRST	N	IDDLE	1.	AST		2a. DATE OF	DEATH A	AONTH D	AY YEAR	2b. HC	DUR
(TYPE OR PR	INT)	Oliver	Go	ldman	W	yatt	-25	I	April	15,19	983	6:	33P M
3. SEX		4.	RACE		5. DATE C		YEAR	6 AGE (IN YE.	ARS LAST BIRTH	(DAY)	ONTHS DAY		DER 24 HRS
Ma.	le		Black			3 20	24	50		YRS.			
7a. BIRTHP	LACE (STATE C	R FOREIGN 76	CITIZEN OF V	VHAT COUNTRY?	8.	NEVER	MARRIED -	9. BALTIMOR	E CITY OF	COUNTY	OF DEATH		
Va	KT)		USA		WIDOWE		VORCED XX	Ba:	Ltimo	re Cit	ty		MD.
	rtown of d ltimor e		(IF NOT IN SUC)	OSPITAL, NURSIN FFACILITY, GIVE STREET Cyland Ge	GHOME C ADDRESS) eneral	ROTHER INS	tal	12a USUAL O					NESS OR
USUAL RE 130, STATE	SIDENCE (IF NO	13b. COUNT	HER INSTITUTION,	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Balto.	ADMISSION) N	13d. INSIDE C	NO 🗌	138. STREET A		Balt	o. M bi S	d. 2	21223
14. FATHER	R'S NAME FIRST CLUS	MI	DOLE	Wyatt			SMAIDEN NAI L'Ottie		MIDDLE		Ja	rvis	
	O OR UNKNOWN)	R IN U.S. ARMI (IF YES, GIVE V	VAR OR DATES)	166 SOCIAL SECU 226-14-		17. INFORM. Jene		ke	ADDRES GLO	utto	n Po.	va.	
18. 0	PART I. DEATH	WAS CAUSED	BY:	Brain De								15/8	
	4310 enditions, if or	ny, which		as a conseoue Intracer	ebral	Bleed					3/3	31/83	3
NOL	RT 2. OTHER SI			ONTRIBUTING TO I				20a AUTO		20b. IF YES, IN CERTIFY	, WERE FINI	DINGS U	ATH?
	ACCIDENT WAS I	CAUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH DA	AY YEAR	21c. HOW II	NJURY OCCURE	RED (ENTER NAT	URE OF INJURY	IN ITEM 18 PA	ART I OR PART 2)	
21d.	INJURY OCCU		21e. PLACE C		ARM, ETC.)	211. LOCAT	ON T		CITY OR TOW	77	COUNTY		STATE
220.	I certify that saw the dece above, (X/we	(K (this hospito osed plive on) (did) (AAA)	April	deseased from	Marc 83		, 19 <u>83</u>) (our) opinion		orii d on the do	te and hour		he couses	
a	SIGNATURE	Q C	lur	cus	M	0.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAF			TE SIGNE	-
		· Chirc				22e ADDRE	MARYLA			HOSPI'	TAL		
230. BURI/ (SPECI	AL, CREMATIO FY) Bunio		236. DATE 4-21-		Peani	emetery or	CREMATORY pt Chur	ch Cei	m .	-	icest		Va.
24 FUDIE	Said Director	D. 1. A	4.H.	13248	n.(allo	un AP	R 1 8 19	SISTRARIA	GISTI	RAR'S SIGN	A LUL	4



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, th

etained by the hospital or attending physician

TO HOSPITA

BP.

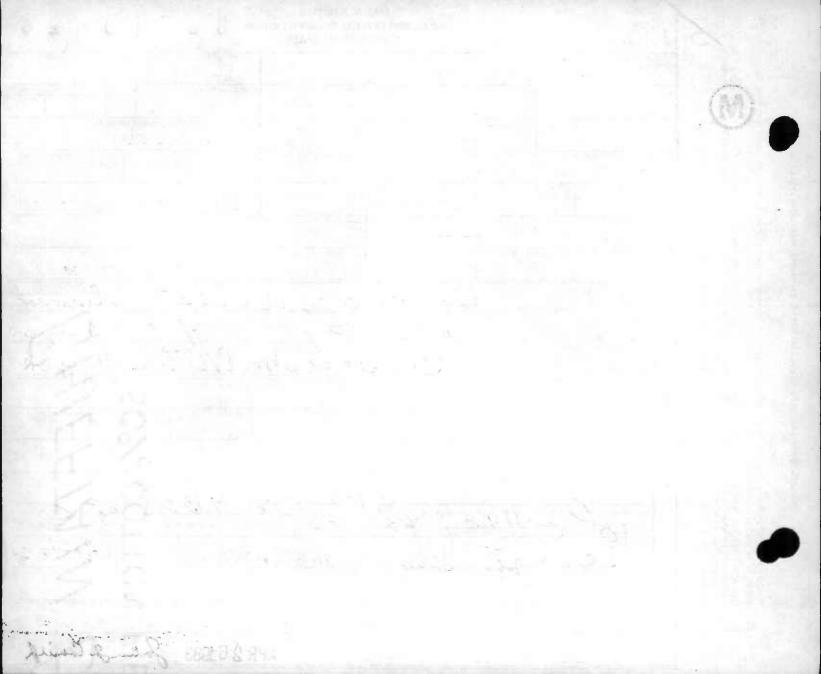
inpletely filled in by the funero and 2 shootd be filed within 72

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN
- STATE REGISTRAR	CERTIFICATE OF DEATH

(3)	2	E .	13	1	13	6
0	3		0	E 1	da	- (

- 1	REGISTRAR		CERTIFICATE OF BEATTI	REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
	Kenneth		Yearwood	April 23, 1983	м
1	3. SEX		5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDE	DAYS HOURS MIN.
1	Male B	lack -	10 28 20	62 yrs.	
1	7a. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZ	ZEN OF WHAT COUNTRY?	MARRIED A NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DE	ATH
1	Trinidad	BWI	WIDOWED DIVORCED	Baltimore City	MD.
		ME OF HOSPITAL, NURSING NOT IN SUCH FACILITY, GIVE STREET AD 34 E. 37th S	HOME OR OTHER INSTITUTION DRESS) Ct.		KIND OF BUSINESS OR USTRY
	USUAL RESIDENCE (IF NURSING HOME OR OTHER IN: 136, COUNTY MD	STITUTION, GIVE RESIDENCE BEFORE AI 13c. CITY OR TOWN Baltimo	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 634 E. 37th St	. 21218
	Redrick	Yearwood	15. MOTHER'S MAIDEN NAM	WIDDLE	LAST
	160. WAS DECEASED EVER IN U.S. ARMED FO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR		17. NF AMOELA YO 645 Patricia G	earwood loudon 634 F. 37	th St.
	Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDIT 190. DATE OF OPERATION 19b	E TO, OR AS A CONSEQUENT (b) E TO, OR AS A CONSEQUENT (c) E TO, OR AS A CONSEQUENT (c)	ALAC ALACE OF LEGISLAND ATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN IN F	FINDINGS USED CAUSES OF DEATH? NO
	OR CONTRIBUTING CAUSE OF DEATH	OUR A.M. MONTH DAY P.M. PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FAR	YEAR 19 21f. LOCATION STREET 19 and that i (my) our) opinion d DEGREE	city for town coi	UNIY STATE
	236. BURIAL, CREMATION, REMOVAL 236. E Cremation 4,224 FUNERAL DIRECTOR WM. C. March F/H	100 100	AD	Catonsville Rec'd. By Registrar 256 By Istrar's S	MD

DHMH - t6 50M 4/82 (VRA 15, 4)



STATE OF MARYLAND

1	STATE REGISTRAR			DEPARI		ICATE OF D		SIENE O	REG. N	0.	U	et al	la	7
	CEASED NAME	FIRST	۸	AIDDLE	l	LAST		20 DATE OF	DEATH	MONTH	DAY	YEAR	26 HOUR	
		Helen		R.	Ye	atts			Ap	ril L	1, 19	103	3:32	A CT
3. SE		- 4	RACE		5. DATE C			6 AGE (INYE	ARS LAST BIR	THDAY)	IF UNDER		IF UNDER 24	
	Female		Whit	е	121	19	27		55	YRS.	MONTHS	DAYS	HOURS	MIN.
We	IRTHPLACE (STATE OR F COUNTRY) St Virgini ITY OR TOWN OF DEA	a	U.S.A	WHAT COUNTRY	MARRIE		ORCED	9 BALTIMOR BA	LTIM	ORE C	TTY		F BUSINES	ME
	BALTIFORE		(IF NOTH SUC	AGNESTREE	OSPI'I'	AL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	House	FOR MOST C	F WORKING	LIFE) INDI	USTRY	stic	301
Ma	AL RESIDENCE (IF NURS STATE TYLAND	13b. COUNTY		GIVE RESIDENCE BEFORE 13. CITY OR TOV Baltimo		13d. INSIDE C	ITY LIMITS?	13e. STREET A	DDRESS 227	Bens	on A	ve.	2122	27
14. F)	Wesley	MIC	DDIE	Simmo			MAIDEN NA	WE	WIDDLE				saac	
16a \	NAS DECEASED EVER	(IF YES, GIVE W		230-34-		17 INFORMA David	L.Yeat	tts		5227 timo			Ave.	
NO	Canditians, if any, gave rise to imm cause (a), statin underlying cause PART 2. OTHER SIGN	nediate g the last.	(b) DUE TO, OR	AS A CONSEOU	JENCE OF			Confid				ART Inc	153	
CERTIFICATION	190 DATE OF OPERAL 4/1/83			TION FOR WHICH	-	Chuto	Ant, Le	163	NOT	IN CERT	IFYING C	AUSES	GS USED OF DEATH	?
MEDICAL CE	21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEATH	P./	M. MONTH D M.	AY YEAR			RED (ENTER NATU	JRE OF INJUI	RY IN ITEM 18	PART 1 OR P	PART 2)		Ť
MED	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	WE []	21e. PLACE C	OF INJURY BET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATIO STREET)N		CITY OR TO	WN	cou	NTY	STA	TE
	220 I certify that (1) sow the decease abave, (1) (we) (c	d olive on	4/4	19			, 19 <u>65</u> (96r) opinion (, ta death occurred	on the do	ate and ha		am the a		,
Ä	Clea	hv	leven	- , 22		F		DIRECTOR [STAF PHYSIC	IAN 🗌			SIGNED //3	
	22d. PHYSICIAN'S NA	M.	Ha der	Sale		22e ADDRES	line	Henry	A.	Bal	46. M	40	2/22	25

DHMH-16 30M 2/80 (VRA 15, 4)

shauld be detached for use as the burial-transit permit. Then please remaye c with the State Dept. of Health and Mental Hygiene priar to burial, cremation,

marked or Hem 18 shaws

MPORTANT: If Hem 21 is

TO FUNERAL DIRECTOR: After this certificate has been

njury, ar ather traum

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

24. FUNERAL DIRECTOR Marzullo Funeral Service Reisterstown . Md.

APR

Flat Top Church Cemet MT Airy Surrey North

which the binder to be SEES AND ADDRESS OF THE SEES A Property of the second f227 denten Avol Sign or other a standard at the standard and the standard at t The state of the s THE THE PERSON OF THE PARTY OF tioned discourse and a series of the court and the court . Di necessare de la compania del compania del compania de la compania del compania del compania de la compania del compania de

XT		FOR - STATE REGISTRAR				CERTIF	EALTH AND MENT	TH		Š REG. NO.	1 (J for	•3
		CEASED NAME E OR PRINT)	FIRST		A.		OUNG	2	04/27	/83	H DAY	YEAR	26 HOUR 9:00
	3 SE	x Male	4.	RACE Black		5 DATE 9		YEAR 03	AGE (IN YEAR	S LAST BIRTHDAY)	MONTH	DER I YEAR	IF UNDER 24
99		IRTHPLACE (STATE OR FICOUNTRY)			WHAT COUNTRY	Y? 8. MARRIEI WIDOWE	D NEVER MARR	NED '		CITY OR CO	UNTY OF		
10	10. C	Baltimore	TH 1	1. NAME OF H		EET ADDRESS)	OR OTHER INSTITUT		TYPE OF WORK FO	CUPATION OR MOST OF WORK	(ING LIFE) 12	b. KIND O NDUSTRY	F BUSINESS
136	USU 136.	AL RESIDENCE (IF NURSI STATE Maryland	136 COUNT	THER INSTITUTION. Y	13c. CITY OR TO		13d. INSIDE CITY LI YES X NO		street AD	DRESS Divisio	n Str	21 eet	217
200	14. F	Unkn	MI	DDIE	LAST		15. MOTHER'S MA Unk			AIDDLE		LAST	
/ medico	16a. \	WAS DECEASED EVER (YES NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	166 SOCIAL SEC 218-	CURITY NO. 10-662	Robert	D. I	Robb	1928	W.	Lafa	yett Av
emation, ar		Canditians, if ony, gove rise to imm couse (0), stating	nediate	(b)_	R AS A CONSECU	ND	1 49	7					
orior to burial, cren	ICATION	gove rise to imm	nediate g the lost.	DUE TO, OF	ASC R AS A CONSEO DITRIBUTING TO FALL	OUENCE OF		BCI		1ELL1	TUS IF YES, WE	RE FINDIN	GS USED
orior to buriol, cren any injury, or other	ERTIFICATION	gove rise to imm couse (o), stating underlying couse PART 2 OTHER SIGN CHR.	NIFICANT CO	DUE TO, OR (c) DIDITIONS CC NAL 196 CONDI	ASC R AS A CONSEO DITRIBUTING TO PALU ITION FOR WHICE	OUENCE OF	DIA N WAS PERFORME	BEI	ES T 200. AUTOPS YES \(\)	1 <i>ELL</i> 206.	TUS IF YES, WE CERTIFYING YES	RE FINDING CAUSES	GS USED
Hygiene priar ta burial, cren 18 shows any injury, or ather	DICAL CERTIFICATION	gove rise to imm couse (0), stating underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	DEFLYING CAUSE OF DEATH	DUE TO, OF (c)	A S C R AS A CONSEO DITRIBUTING TO FALL ITION FOR WHICH OF INJURY M. MONTH M.	DUENCE OF O DEATH BUT UPE CH OPERATION	N WAS PERFORMED	BEI	ES T 200. AUTOPS YES \(\)	1 <i>ELL</i> 206.	TUS IF YES, WE CERTIFYING YES	RE FINDING CAUSES	GS USED OF DEATH?
ar Item 18 shows any injury, or other	MEDICAL CERTIFICATION	gove rise to imm couse (o), stating underlying couse PART 2 OTHER SIGN LIPA DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING C	PERLYING ALEXANIVER	DUE TO, OF CONDITIONS	A S C R AS A CONSEO DITRIBUTING TO FALL ITION FOR WHICH OF INJURY M. MONTH M.	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 E. FARM, ETC.)	N WAS PERFORMED 21c HOW INJURY 21f LOCATION STREET	BEI	200. AUTOPS YES NETTER NATURE	20b. IN C	IF YES, WE CERTIFYING YES MAN 18 PART I CO	RE FINDING CAUSES	GS USED OF DEATH
ord use as the outlast routing perfilm. Their prease to the other and Mental Hygiene prior to burial, are not 1 is marked at Item 18 shows any injury, or other to the other states.		gove rise to imm couse (0), stating underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COUR (IF EITHER, NOTHY MEDIC) 21d. INJURY OCCURR WHILE NOT WHAT WORK AT WORK 22a.1 certify that (I) saw the deceose above, (I) (we) (I) (we)	PERLYING CAUSE OF DEATH CALEXAMINER) RELYING (THIS CAUSE OF DEATH CALEXAMINER) RED (This haspita	DUE TO, OF (c) DID TIONS CO. 19b. CONDITIONS CO. 19b. CONDITIONS CO. 19b. CONDITIONS CO. 21b. TIME O. HOUR A.I. P.I. 21e. PLACE ((AT HOME, STR.	R AS A CONSEO ONTRIBUTING TO FALL ITION FOR WHICH ITION FOR WHICH OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE e deceosed from	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 E, FARM, ETC.)	N WAS PERFORMED 216 HOW INJURY 216 LOCATION STREET 3/83 d that in (my) (our)	BEL	YES NO (ENTER NATUR	TECLION IN CITY OR TOWN	IF YES, WE ERTIFYING YES EM 18 PART I O	RE FINDIN G CAUSES OR PART 2) OUNTY from the c	GS USED OF DEATH' NO STA'
then 21 is marked at Item 18 shows any injury, or other them 21 is marked at Item 18 shows any injury, or other them 21 is marked at Item 18 shows any injury, or other them 21 is marked at Item 18 shows any injury, or other them 21 is marked at Item 18 shows any injury, or other them 21 is marked at Item 18 shows any injury, or other them 21 is marked at Item 18 shows and Item 18		gove rise to imm couse (0), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CURR CHERTHER. NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC 22a I certify that (I) saw the deceose above, (I) (we) (d) 22b. SIGNATURE	PERLYING CAUSE OF DEATH CALEXAMINER) RELYING (THIS CAUSE OF DEATH CALEXAMINER) RED (This haspita	DUE TO, OF (c) DID TIONS CO. 19b. CONDITIONS CO. 19b. CONDITIONS CO. 19b. CONDITIONS CO. 21b. TIME O. HOUR A.I. P.I. 21e. PLACE ((AT HOME, STR.	R AS A CONSEO ONTRIBUTING TO FALL ITION FOR WHICH ITION FOR WHICH OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE e deceosed from	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 E, FARM, ETC.)	N WAS PERFORMED 216 HOW INJURY 216 LOCATION STREET 3/83 d that in (my) (our) DEGREE ATTEN PHYS	OCCURRED opinian dec	YES NOTE NATURE OF THE ACCURRENCE OF THE ACCURRE	TECLION IN CITY OR TOWN	IF YES, WE CERTIFYING YES WEST TO THE TENT OF THE TE	RE FINDING CAUSES OR PART 2) COUNTY	GS USED OF DEATH! NO STAI
lept, of Health and Mental Hygiene prior to bural, crenter 21 is marked or Item 18 shows any injury, or other	MEDICAL	gove rise to imm couse (0), stating underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COUR (IF EITHER, NOTHY MEDIC) 21d. INJURY OCCURR WHILE NOT WHAT WORK AT WORK 22a.1 certify that (I) saw the deceose above, (I) (we) (I) (we)	NIFICANT COLOR NIFICANT COLOR NERLYING CAUSE OF DEATH CALEXAMINER) RED (this haspita ad alive an	DUE TO, OF (c) DID TIONS CO. 19b. CONDITIONS CO. 19b. CONDITIONS CO. 19b. CONDITIONS CO. 21b. TIME O. HOUR A.I. P.I. 21e. PLACE ((AT HOME, STR.	R AS A CONSEO DITRIBUTING TO FINJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE g deceosed from	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 E, FARM, ETC.)	216 HOW INJURY 216 LOCATION STREET 27/83 d that in (my) (our) DEGREE ATTEN	OCCURRED Opinian dec IDING ICIAN I	200. AUTOPS YES NOTER NATURE (ENTER NATURE (A) the accurred of the accurred	IEULI IV ? 20b. IN C IV ? 10 IN C IV OF INJURY IN THE IV OR TOWN 27/83 In the date one PHYSICIAN [IF YES, WE CERTIFYING YES	RE FINDING CAUSES OR PART 2) COUNTY from the c	GS USED OF DEATH? NO

The state of the same of the A PART OF ALL AND THE STREET AND THE PERSON OF T ALL THE PARTY OF T

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter retained by the hospital or attending physician.

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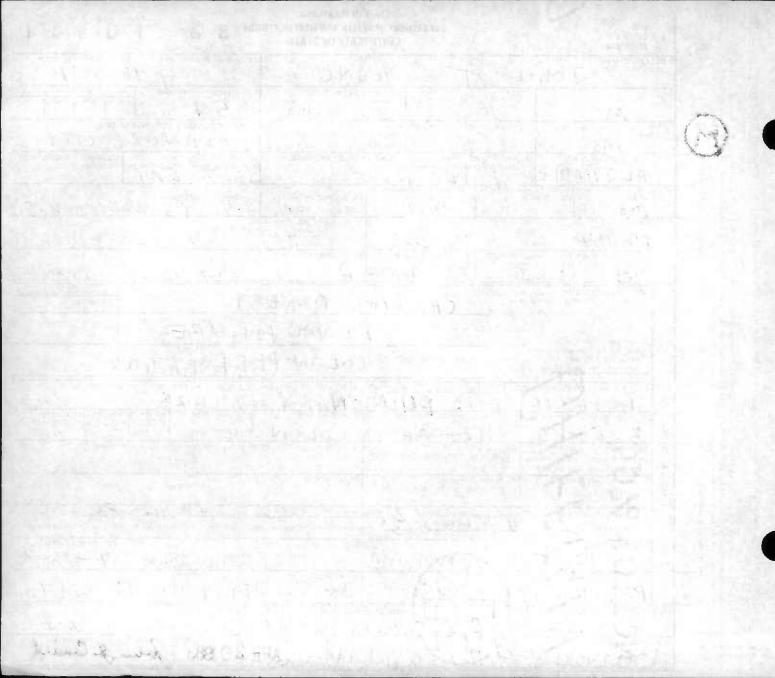
TATE	OF	MARYLAND	

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8	5	1	0	44	3	
-	REG NO		9	•	-	

REGISTRAR 1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) 3. SEX 14. RACE	LAST	REG. NO.	
/TVDE OR RDILLT		20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	YOUNG	V 41	6 02 10 p
3, SEX 4, RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
J. SEX	MONTH DAY YEAR		MONTHS DAYS HOURS MIN
MB	5- 24-1928	YRS.	
78. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY)	COUNTRY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
M& U.S.A	WIDOWED DIVORCED	BILLINON	t CIII,
- UENOT IN CHEMENT	AL, NURSING HOME OR OTHER INSTITUTION TY, GIVE STREET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS (
BALTIMORE PROJ	1. 14051	SEL7-EMP	L) INDUSTRI
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RE	SIDENCE BEFORE ADMISSION)	In overex appreca	, 4/21
136. COUNTY 136. C	TX OR TOWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	SL-/VANIA A
2 14 FATHER'S NAME	15. MOTHER'S MAIDEN NA	AME	
ROO Phillip MIDDLE V	LAST FIRST IA M	11 MIDDLY C M 1	LAST
	OCIAL SECURITY NO. 17. INFORMANT	IV EHL	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	DCIAL SECURITY NO. 17. INFORMANT	De 112-1	
Wes wwit di	9-12-2114 =3314	PENSON 10371	EVES RAM -
18 CAUSE OF DEATH (Enter only one couse per line fo	r (o), (b), ond (c).)	0-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PART I. DEATH WAS CAUSED BY:	CARDIAC ARICE	5	
9 CL9V	constanting of Q C . A		
Conditions, if ony, which	CONSEQUENCE OF PENAL F	ALLURE	
gove rise to immediate			
couse (o), stoting the DUETO, OR AS A underlying couse (ost.	CONSEQUENCE OF COLON P	ERFORATIO	1/1
(c)			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIE	BUING TO DEATH BUT NOT RELATED TO THE TEN	MINAL DISEASE OR CONDITION GIV	EN IN PART I(a)
190. DATE OF OPERATION 196. CONDITION IN 196. CO	OR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
U TYO. DATE OF OPERATION		IN CERTIF	YING CAUSES OF DEATH?
\$ 1 5 - 8 - 8 5 ILF	CORATED COLON		S NO
216. ACCIDENT WAS UNDERLYING 216. TIME OF INJU	RY 21c. HOW INJURY OCCUI	RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.	19		
21d INJURY OCCURRED 21e. PLACE OF INJ	URY TORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK (AT HOME, STREET, FACE) 220. certify that (1) (this hospital) attended the dece	TORY, OFFICE, FARM, ETC.)	c o	STATE
22a.1 certify that (I) (this hospital) attended the dece	osed from 3-3- 19 8-2	10 4-16-	19.83, that (I). (we)
sow the deceased alive on 4-16	19 22 , and that in (my) (our) opinion	deoth accurred on the date and hau	
obove, (1) (we) (did))(did not) view the body ofter d	eoth. DEGREE		22c DATE SIGNED
± 20. SIGNATURE	ATTENDING	MEDICAL STAFF	11 - 11-0
	PHYSICIAN	DIRECTOR PHYSICIAN	17-16-8
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e. ADDRESS	25-21/16/11	
22d. PHYSICIAN'S NAME (TYPE OR PRINT) PATRICK FADAHU	NS 12600, 4	BERTY HEIGH	S, BALIC
23a. BURIAL, CREMATION, REMOVAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
(SPECIFICAL 4/29/3	23 CRILLINS VILIE-NA	T CRUWNSUIT	Tip md
24 ELINERAL DIRECTOR		TE REC'D. BY REGISTRAR 256 REGIST	

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MPORTANT: IF

should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene

ATTENDING PHYSICIAN: The

attending physicia

4	3	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	FIENE 8 3	0 4
e e	ge 3	1. DECEASED NAME FIRST	AKA V	VILLTÄMS YOUNG	20. DATE OF DEATH MONTH	DAY YEAR
ge 4 ma)	fier d	3. séx Female	Black	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) G S YRS.	IF UNDER 1 YEAR
eath. Po	(M%	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Corolina	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	OF DEATH
s after d	38	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS) LIFE YOU AND HOSPEYO	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND C INDUSTRY
) 212	1/2 de	JOUAL RESIDENCE (IF NURSING HOME)	OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13e. STREET ADDRESS	2001

MD. KIND OF BUSINESS OR DUSTRY NONE JUFFOSON 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE FIRST MIDDLE LYLUS DOWKINS CARKIG Homes McDonough St. Brooklin N.Y. Anne Kelly(cousin)612 A WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN) 28051300 NO 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ici. PART I. DEATH WAS CAUSED BY: CARDIO PULLUTO 0 1919 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF DRS5 KUCKON 200 1911 Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 206. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? PORTIC YES [NO [

216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY

WHILE NOT WHILE 220.1 certify that (1) Phis hasgulet attended the deceased from

and that in (my) pinion death occurred on the date and haur and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

ARLTON UNIV OF 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

Buria1 Arlington Virginia 4-8-83 Arlington National 24 FUNERAL DIRECTOR

Frazier's 389 R.I. Ave. N.W.

CITY OR TOWN

26. HOUR 55

IF UNDER 24 HRS

STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

O FUNERAL DIRECTOR

wheel as proved this is a fair of the second
	5	1-	FOR STATE REGISTRAR	D	EPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYC	GIENE 8 3	1 0	4 3 3
-			CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YE	AR 2b HOUR
poge 3		(NANC	Y L.	ZIMME	RMAN		04/07/8	33 6:25
oge 4 may	R	3. SEX	Female	4 RACE White		of Birth ary 15, 1931	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I	
	1/3		RTHPLACE (STATE OR FOREIGN OUNTRY) Pennsylvania	7b. CITIZEN OF WHAT COL	UNTRY? 8 MARR WIDOV	IED NLVER MARRIED	9 BALTIMORE CITY OF BALTIMO		TH
ts, ofter di by the filled with	33		LTIMORE	11. NAME OF HOSPITAL, IF NOT IN SUCH FACILITY, GO THE JOHNS	NURSING HOME IVE STREET ADDRESS) HOPKIN	OR OTHER INSTITUTION IS HOSPITAL	12a. USUAL OCCUPAT ITYPE OF WORK FOR MOST O Secretary		IND OF BUSINESS OR
24 hour	-/128	130. S	RESIDENCE (# NURSING HOME OR TATE Insylvania Berl	TY 13c CITY C	ORTOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS Route 3 Bo	x 512 , 1	L9530
ompletely ond 2 Ph	704	14. FA	THER'S NAME Herbert	J. Werle	AST Y	15 MOTHER'S MAIDEN NA FIRST Verna	ME MIDDLE	Wolfe	LAST
e be execut	Sedicol Sedicol		(AS DECEASED EVER IN U.S. ARI		AL SECURITY NO. 24-4889	17 INFORMANT Trexler-Ludwi		**Noble St. tstown, Pa	
not the deeth certificate by the oftending physicia ase remove carbotophy Lecremotion, or removol.	romer troumotic event, the	سوا	PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c)	NSEQUENCE OF	anex	ui,		PPROXIMATE INTERVAL WEEN OMSET AND DEATH
0 0	Kuolou Ku		PART 2: OTHER SIGNIFICANT C			ON WAS PERFORMED	AINAL DISEASE OR CON	DITION GIVEN IN PA	
hos lo	shows on	RTIFIC	Č.		WHICH OPERAT		YES NO	IN CERTIFYING CA	USES OF DEATH?
SICL ng p	E C	AL CE	21g. ACCIDENT WAS UNDERLYING CAUSE OF DEA	P.M.	19		RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PAI	R1 2}
¥ ig ~ sig ₹	ked or	MEDIC.	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		211. LOCATION STREET	CITY OR TO	wn con	TY STATE

22a. I certify that (I) (this hospital) attended the deceased from , that (I) (we) lost saw the deceased olive on_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 226. SIGNATUR DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

ARNE

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 4-12-83

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

24 FUNERAL DIRECTOR

Hope Cemetery 1050 York Rd,

Kutztown REGISTRAR 256 REGISTRAR'S

NOT WHILE

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 50M 4/82 (VRA 15, 4)

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	has been signed by the ottending physician and campletely filled in by the	t permit. Then please remave corbanpopers. Pages 1 and 2 shauld be filed with	-
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	phys	dodu	movo
	ding	rbai	or re
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	the	remo	ета
	d by	ease	al, cr
	gne	en p	ene prior to burial, cremation, or removal.
	een s	f. Th	ior to
	as b	Derm	re pr
n	£	-	0

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TOTAL				
8	3	1	0	4	3
	DEC NO				

- 1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO).
	1. DECEASED NAME FIRST (TYPE OR PRINT) GEORGE	W. ZOLL	NHOFER	20. DATE OF DEATH	18/83 848 M
1	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTE	HOAY) IF UNDER 1 YEAR IF UNDER 4 HRS
V	Male	White	March 9, 1901	82	YRS.
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	? 8	9 BALTIMORE CITY OR	
ď	Maryland	United States	MARRIED NEVER MARRIED !	Baltime	ore City MD.
Ī	10 CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	ON 12b. KIND OF BUSINESS OR
1	Baltimore	Baltimore C:	ity Hospitals	Electricia	working Life) INDUSTRY an Western Electi
í	13a. STATE 13b COL		ore YES NO	13e. STREET ADDRESS	nney St. / 21224
1	Frederick I	Key Zollinhofe	15 MOTHER'S MAIDEN I	Abigail -	Youngman
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECT	URITY NO. 17 INFORMANT	ADDRES	S
	NO -	- 216-07-9	9296 Julia Jose	es 11 S. Jan	neey St. (21224)
Statement of the last of the	Conditions, if ony, which gove rise to immediate couse (a), staffing the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)		RMIN AL DISEASE OR COND	ITION GIVEN IN PART 110
	NO 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\cap \) NO \(\cap \)
	OR CONTRIBUTING CAUSE OF DI (IF ÉITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that (1) (this hasp sow the deceased alive o	HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOMESTREET, FACTORY, OFFICE.) pitol) ottended the deceosed from not) view the body ofter death.	PARY YEAR 19 21f. LOCATION SIREET 3 10 19 83 4 3 , and that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF	COUNTY STATE 19 9 3 that (1) (we) lost to and hour and from the causes stated
	23a BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR		
	(SPECIFY) Burial	April 21 83 0	aklaum Camatany	CITY OR TOWN	COUNTY STATE

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR:

IMPORTANT: If Item 2

24 FUNERAL DIRECTOR Lilly & Zeiler Inc. 700 S. Conkling St.

250 DATERPER PREGISTRAR 25

EDIKEE W. ZOLLINHOFER

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Maryland - - Danky eX Productor New Yolltehart Autoria - Youngani -

843 EL/81/ A

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CARDIO PAL MOUREY PAREST

DAVID GOODMAN NO BALTO CITY HOSPITHS

SAMUY & Setter Inc. NO . Conbing Bs.

1,499 (2,000) 1944 2900 (1,000)

BP. DHMH - 16 50M 4/82

(VRA 15, 4)

injury, or other troumptic event.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	3	1	0	4	3	20
	REG. NO.					

		REGISTRAR						REG. N	0.			
		CEASED NAME FIRST		MIDDLE		AST Z3ZCIZT			4/26	DAY YEAR	26. HOUR 2:22	n
			ODORE			ZYSKI		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR		M
Ē,	3. SEX		4. RACE		S. DATE C	DAY	YEAR	67	INDAT	MONTHS DAYS		_
		RTHPLACE (STATE OR FOREIGN	Cauc.	WHAT COUNTRY?	10	05	1915	9. BALTIMORE CITY C	YRS.	Y OF DEATH		_
5	C	COUNTRY)	76. CITIZEN OF WHAT COUNTRY?		MARRIED E NEVER MARRIED		BALTIMORE CITY					
00		Maryland U.S.A		HOSPITAL, NURSIN	WIDOWED DIVORCED DIVORCED DIVORCED		12a. USUAL OCCUPATION		12b. KIND	12b. KIND OF BUSINESS OR		
1	D7	ALTIMORE	THE J	OHNS HO	PKIN	S HOSP	ITAL	Retired)F WORKING L		Cork.	Sea
1	USU/	AL RESIDENCE (IF NURSING HOME STATE 113b. COL	OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)			13e. STREET ADDRESS	1108			
5		ryland	INIT	Baltimo:		13d. INSIDE C	NO []			. Md.		
- 3		THER'S NAME	MIDDLE	LAST			MAIDEN NAM				AST	_
C		Michael	W.	Zyski			ry	Ann			ulewski	
,		VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMA	NT	ADDRI	ESS		Balt.	Md
1	.w	No	THE WAR ON DAILES	213-14-	213-14-5794A Florence Zys			ki - 1108 S	. Bon			
4.3		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only ane cause per	line far (o), (b), and	dicui					BETWEE	XIMATE INTERVAL NONSET AND DEAT	н
4			ATE CAUSE (a)	CAR	oio Pc	LMONA	RY A	HEREST				
	4	4716	DUE TO, O	R AS A CONSEQUE	^							
	11	Conditions, if ony, which (b) PULMONARY EMBOLUS										
	1/0	cause (a), stoting the underlying couse lost.										
		(c)								=		
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
)	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH			OPERATION WAS PERFORMED						WERE FINDINGS USED NG CAUSES OF DEATH?	
	TIFIC	4/18/83		Horni	ANKU	ry sm		YES NOT	1	ES [NO [
7	CER	210. ACCIDENT WAS UNDERLYING	110110 4	OF INJURY	AY YEAR	21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	, PART 1 OR PART 2)	100	
	CAL	OR CONTRIBUTING CAUSE OF D	EAIR	м.	19							
	MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATIO	N	CITY OR TO)WN	COUNTY	STATE	
Ħ	<	AT WORK AT WORK				, , , , , , ,	0.4					_
		220.1 certify that (1) (this hos		e deceosed from	83 4/	1-1X	. 19		-		, that (I) (we) le	ost
		sow the deceosed olive of abave, (I) (we) (did) (did)	/11	17			(our) opinion o	deoth occurred on the d	ore ond no			
		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF BLYSICIAN DIRECTOR						, ZZC. DAI	12 6 PS			
,		224 PHYSICIAN'S NAME (TYPE	ORPRINTI			220 ADDRES	PHYSICIAN [DIRECTOR PHYSIC	CIAN M		100/00	
			LLINI	ĵ		THE RESIDENCE						
1		BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. N	NAME OF C	EMETERY OR	REMATORY	23d. LOCATION				=
Ī	{	Crypt	04/29	/83 na	k Iaw	70		Baltimor	re	COUNTY	STATE Md.	
	24. Ft	UNERAL DIRECTOR		ADDRESS			25a. DAT	E REC'D. BY REGISTRAR		STRAR'S SIGNA		
	Wa	lter Dabrowski	- 1005	Dundalk A	venue	, 21224	APR	2 8 1083	7.	9 C	and the	

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